
**RESOURCE AND PATIENT MANAGEMENT SYSTEM**

# GPRA+ Reporting System Package For FY2002 GPRA Indicators
(BGP)

## User's Guide

**Version 1.0**
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# PREFACE

The GPRA Reporting System (GPRA+) is an RPMS software application that provides local sites and Areas with a straightforward way to produce and review comparable GPRA data for those clinical indicators that are based on RPMS data. GPRA+ was based on a design by the Aberdeen Area (GPRA2000).

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its Plan. IHS GPRA indicators include measures for clinical, quality of care, prevention, infrastructure, and administrative efficiency functions.

The GPRA+ Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting clinical GPRA indicators that are based on RPMS data. Administrative and clinical users will be able to review individual or all indicators at any time, and can:

- identify potential data issues in their RPMS, i.e., missing or incorrect data;
- identify specific areas where the site is not meeting the indicator in order to initiate business process or other changes;
- quickly measure impact of process changes on indicators;
- identify areas meeting or exceeding indicators to provide lessons learned.

To produce reports with comparable data across every facility, the GPRA indicator definition was "translated" into programming code with the assistance of clinical subject matter experts. This means that an English text expression was defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition. GPRA+ uses pre-defined taxonomies to find data items in PCC to determine if a patient meets the indicator criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each indicator has a specific denominator defined; most denominators are based on the IHS definition of "active users."

GPRA+ is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

This manual contains the user's guide for the GPRA+ Reporting System version 1.0, which includes FY02 GPRA indicators.

# TABLE OF CONTENTS

# 1.0 About This Manual

This manual provides user instructions for the GPRA+ Reporting System version 1.0 (FY02 GPRA Indicators).

The three chapters included in the manual cover the main components of this system:

- System set up
- Using the GPRA report options
- Logic used and sample output

# 2.0 Introduction

The GPRA Reporting System (GPRA+) will produce on demand a printed or electronic report of thirty GPRA clinical indicator measures that are based on RPMS data on local RPMS computers. The program also can produce patient lists for each of the measures. Finally, a facility can produce a customized GPRA data file for transmission to the Area office where it will be uploaded into the Area office RPMS computer for generation of an Area-wide aggregate report.

Because GPRA indicators can change annually, GPRA+ will be updated and released annually to any changes. The current version 1.0 includes FY02 GPRA indicators.

## 2.1 GPRA and GPRA+

### 2.1.1 What Is GPRA?

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured up against the performance targets set in the Plan.

GPRA indicators include clinical, such as various diabetes measures, cancer screening and others; ITSC-related, such as increasing sites using certain software; quality of care, such as % of accredited hospitals; prevention, such as immunizations and injury prevention; infrastructure, such as access to or improved sanitation facilities; and administrative efficiency.

All GPRA indicators are determined annually by the GPRA Coordinating Committee, with input from specific subject matter experts in various subject areas. An annual meeting is held each spring with I/T/U representatives and subject matter experts to review, discuss and edit or add indicators.

Further information about GPRA indicators can be found at the following web site: http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp.

### 2.1.2 How Does GPRA+ Work?

The GPRA+ Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting the IHS clinical GPRA indicators that are based on RPMS data. To produce reports with comparable data across every facility using GPRA+, the GPRA indicator definition must be "translated" into programming code. This means that an English text expression must be defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.

The logic that was provided to the GPRA+ application programmer was developed by various clinical subject matter experts for the different types of indicators, i.e., the Diabetes Program reviewed and approved the logic for diabetes indicators.

### 2.1.3 Definition of Active Users

The following criteria were established by the GPRA Coordinating Committee to define an "Active" patient for the denominators of the majority of the GPRA indicators. All patients in the RPMS database are examined against these criteria:

- Indian/Alaskan Natives Only – based on Classification of 01 – Indian/Alaskan Native. This data item is entered and updated during the patient registration process.
- Must reside in a community specified in the community taxonomy specified by the user
- Must have been seen in the 3 years prior to the end of the time period
- Must be alive during the entire time frame.

Active User criteria are used for all of the time periods used in the report (baseline, current reporting period and previous year reporting period) to determine which patients will be included in the report.

### 2.1.4 GPRA+ Report Time Periods

Three time periods are displayed for each indicator.

- **Report** period or **Current** period: a time period entered by the user.
- **Previous Year** period: same time period as Report period for the previous year.
- **Baseline** period: same time period as Report period, for any year specified by the user.

The data for the Report period is compared to the Previous Year and the Base periods. The % of change between Report and Previous Year and Report and Base periods is calculated.

The thirty indicators used in this GPRA report are shown in the table on the following pages.

## 2.2 Table of FY02 GPRA Indicators Included in GPRA+

The indicators reported by GPRA+ include both formal IHS GPRA indicators (numbers) that the agency is currently reporting to Congress, and informal indicators (letters) that are being evaluated as future GPRA measures.

| Indicator # | Name | Description | Denominator |
|---|---|---|---|
| 1 | Diabetes | Continue tracking area age specific diabetes prevalence rates to identify trends in the age specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population. | All active users as defined above. |
| 1B | Historical National Diabetes Prevalence Rates | This is the same of indicator #1 except that rather than using a true prevalence calculation of patients having the Dx on or prior to a specified date, this will count the number of patients seen with diabetes in the past year. This is the method used in the past by IHS for calculating prevalence, so indicator 1B will permit comparisons to past prevalence rates. | All active users as defined above. |
| 2A | Diabetes – Reduce Diabetic Complications. Glycemic Control | Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes. | All active users diagnosed with diabetes ever (numerator from Indicator #1). |
| 2B | Diabetes – Reduce Diabetic Complications. Glycemic Control | Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes. | All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period. |

| Indicator # | Name | Description | Denominator |
|---|---|---|---|
| 2C | Diabetes – Reduce Diabetic Complications. Glycemic Control | Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes. | All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:<br>• The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).<br>• At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the GPRA+ user manual.<br>• The patient must be 19 years old or greater at the beginning of the time period.<br>The patient must never have had a creatinine greater than 5. |
| 3A | Diabetes – Reduce Diabetic Complications. Blood Pressure Control | Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards. | All active users diagnosed with diabetes ever (numerator from Indicator #1). |
| 3B | Diabetes – Reduce Diabetic Complications. Blood Pressure Control | Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards. | All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period. |

| Indicator # | Name | Description | Denominator |
|---|---|---|---|
| 3C | Diabetes – Reduce Diabetic Complications. Blood Pressure Control | Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards. | All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:<br>• The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).<br>• At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the GPRA+ user manual.<br>• The patient must be 19 years old or greater at the beginning of the time period.<br>The patient must never have had a creatinine greater than 5. |
| 4A | Diabetes – Reduce Diabetic Complications. Dyslipidemia Assessment | Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test. | All active users diagnosed with diabetes ever (numerator from Indicator #1). |
| 4B | Diabetes – Reduce Diabetic Complications. Dyslipidemia Assessment | Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test. | All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period. |

| Indicator # | Name | Description | Denominator |
|---|---|---|---|
| 4C | Diabetes – Reduce Diabetic Complications. Dyslipidemia Assessment | Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test. | All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:<br>• The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).<br>• At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the GPRA+ user manual.<br>• The patient must be 19 years old or greater at the beginning of the time period.<br>The patient must never have had a creatinine greater than 5. |
| 5A | Diabetes – Reduce Diabetic Complications. Nephropathy Assessment | Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy. | All active users diagnosed with diabetes ever (numerator from Indicator #1). |
| 5B | Diabetes – Reduce Diabetic Complications. Nephropathy Assessment | Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy. | All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period. |

| Indicator # | Name | Description | Denominator |
|---|---|---|---|
| 5C | Diabetes – Reduce Diabetic Complications. Nephropathy Assessment | Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy. | All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:<br>• The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).<br>• At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the GPRA+ user manual.<br>• The patient must be 19 years old or greater at the beginning of the time period.<br>The patient must never have had a creatinine greater than 5. |
| 6 | Women's Health – Reduce Cervical Cancer Mortality. Pap Smear | Increase the proportion of women ages 18 to 70 years old who had a Pap Smear in the one year prior to the end of the time period. | All females in the active population between the ages of 18 and 70 without a documented history of Hysterectomy. |
| 6A | Women's Health – Reduce Cervical Cancer Mortality. Pap Smear | Increase the proportion of women ages 18 to 70 years old who had a Pap Smear in the three years prior to the end of the time period. | All females in the active population between the ages of 18 and 70 without a documented history of Hysterectomy. |
| 7 | Women's Health – Reduce Breast Cancer Mortality. Mammogram | Increase the proportion of AI/AN women ages 40 to 69 years old who had a Screening Mammography in the two years prior to the end of the time period. | All females in the active population between the ages of 40 and 69 years |
| 8 | Child Health -- Well Child Visits. | Increase the proportion of AI/AN children served by HIS receiving a minimum of four Well Child Visits by 27 months of age. | All patients in the active user population who turned 27 months old during the time period. |
| 12 | Oral Health – Access to Dental Service | Increase the proportion of AI/AN population who obtain access to dental services. | All patients in the active user population. |

| Indicator # | Name | Description | Denominator |
|---|---|---|---|
| 13 | Oral Health – Dental Sealants | Increase the percent of AI/AN children 6-8 and 14-15 years old who have received protective dental sealants on permanent molar teeth. | All patients in the active user population who were ages 6-8 or 14-15 at the beginning of the time period. |
| 14 | Oral Health – Improve Oral Health Status of patients with Diabetes. | Increase the proportion of AI/AN population diagnosed with diabetes who obtain access to dental services who obtain access to dental services. | All patients in the active user population diagnosed with diabetes as defined in Indicator #1 (at least one diagnosis of diabetes ever). |
| 22 | Public Health Nursing | Increase the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings. Increase the number of home visits made by public health nurses. | All patients in the active user population. |
| 24 | Adult Immunizations | Increase the pneumococcal and influenza vaccination levels among adults ages 65 years and older and among adult diabetics. | Denominator 1: All patients who were age 65 or older at the beginning of the time period.<br>Denominator 2: All patients who were age 18 or older at the beginning of the time period and who were diagnosed with diabetes (see Indicator #1) |
| 29 | Obesity | Reduce Childhood obesity rates by maintaining ongoing Area Age-Specific body mass index (BMI) assessments in AI/AN children.<br>Calculate Ages 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-73, >74 Both Genders. | All patients in the active user population ages 2-74. |
| 30 | Tobacco Use and Exposure to second hand smoke | Reduce illness, disability, and death related to tobacco use and exposure to second hand smoke. Reduce are age-specific prevalence rates for the usage of tobacco products and for Smoker in Home. | Denominator 1: All Active Patients ages 12-17.<br>Denominator 2: All active patients ages 18-34.<br>Denominator 3: All active patients ages 35-54.<br>Denominator 4: All active patients ages over 54. |
| A | Mental Health | Determine the proportion of AI/AN persons diagnosed with diabetes and a diagnosis of depressive disorders. | All patients diagnosed with diabetes (see Indicator #1) |
| B | Colorectal Cancer. Reduce the Colorectal Cancer death rate | Increase the proportion of AI/AN persons who have had screening for Colorectal Cancer. | All active users over age 50. |

| Indicator # | Name | Description | Denominator |
|---|---|---|---|
| C | Diet and Exercise Education | Increase the quality, availability, and effectiveness of educational services designed to prevent disease and improve the health and quality of life. Increase the proportion of persons who are provided patient education on diet and exercise. | All active users. |
| D | Diabetic Eye Exams | Evaluate the proportion of diabetic patients who have received a yearly eye exam. | All active diabetic patients (see Indicator #1). |

# 3.0 Taxonomy Setup

This section will describe what needs to be done to set up all taxonomies needed for the GPRA+ program.

## 3.1 Taxonomies

Taxonomies are used to find data items in PCC in order to determine if an item was done for the patient.

### 3.1.1 What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria.

For data elements like diagnoses and procedures, the taxonomy simply identifies the codes that a program should look for. Examples of taxonomies used by GPRA+ are:

- Community: names of all the communities in your service area
- Surveillance Diabetes: all Diabetes ICD9 codes

For other types of data elements, including medications and lab tests, taxonomies are used to mitigate the variations in terminology that exist in RPMS tables from one facility to another.

For example, one site's Lab table might contain the term Glucose Test while another site's table may contain the term Glucose for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a specific taxonomy name that has been standardized at every facility. The contents of the taxonomy are determined by the facility. In this example, the application would use the "DM Audit Glucose Tests Taxonomy." The individual facility will enter all varieties of spelling and punctuation for Glucose Tests used at that particular facility.

Codes and terms contained in a taxonomy are referred to as members of the taxonomy.

### 3.1.2 What Taxonomies Need to Be Set Up for GPRA+?

In most cases, the taxonomies used by GPRA+ will already exist on your system because it is used by another RPMS application or will be distributed with the GPRA+ software. Others will need to be populated with members. The Community taxonomy is the only NEW taxonomy you will have to set up.

The site's GPRA+ Implementation Team will need to review the taxonomies and make sure that all appropriate entries exist or are entered. The table below can be used as a checklist.

Detailed instructions on how to set up and check these taxonomies are included following the chart.

## 3.2 Taxonomies Utilized In the GPRA+ Reporting System

Taxonomies with a checkmark (✓) indicated in the right column should exist already in RPMS or are distributed with the GPRA+ software and should not need to be updated. However, all taxonomies should be reviewed prior to using GPRA+. **[NOTE TO JADE: seems that the taxonomy chart should be sorted alphabetically by Taxonomy Name column – there is no apparent order to the current chart….]**

| Taxonomy Name | Description | Members | Indicators Used with | ✓ |
|---|---|---|---|---|
| BGP CPT FLU | Contains all CPT codes that would indicate that an Influenza vaccine was given. This taxonomy is distributed with the GPRA+ software and should not need to be modified. | 90657 – 90660 | 24 | ✓ |
| BGP CPT MAMMOGRAM | Contains all CPT codes that would indicate that a Mammogram was done. This taxonomy is distributed with the GPRA+ software and should not need to be modified. | 76090 – 76092 | 7 | ✓ |
| BGP CPT PAP | Contains all CPT codes that would indicate that a Pap Smear was done. This taxonomy is distributed with the GPRA+ software and should not need to be modified. | 88141 - 88150<br>88152 - 88158<br>88164 - 88167 | 6, 6A | ✓ |
| BGP DENTAL SEALANT OP SITES | Contains all Dental Operative Sites that refer to the following teeth: 2, 3, 4, 15, 18, 19,30, 31 | You should work with the dental staff to set up this taxonomy. It can be set up using QMan following the instructions presented below. | 13 | |
| BGP DEPRESSIVE DISORDERS | Contains all Depressive Disorder ICD9 codes. This taxonomy is distributed with the GPRA+ software and should not need to be updated. | 296.00 – 313.1 | A | ✓ |
| BGP GPRA EX EDUC TOPICS | Contains all education topics that pertain to diet and exercise education. This taxonomy should be updated by the site so that all locally developed topics can be added. | Suggested topics: OBS-EX, OBS-LA, OBS-N, OBS-DIET, TO-EX, WL-EX, WL-LA, WL-N, WL-DIET | C | |

| | | | | |
|---|---|---|---|---|
| BGP GPRA FOB TESTS | Contains all Fecal Occult Blood Lab Tests | Occult Blood<br>Fecal Occult Blood | B | |
| BGP PRIMARY CARE CLINICS | Contains all primary care clinic codes as defined by IHS. This taxonomy is distributed with the GPRA+ software and should not need to be modified. | 01, 06, 13, 20, 24, 28 | 2C, 3C, 4C, 5C | ✓ |
| BGP PRIMARY PROVIDER DISC | Contains all primary provider discipline codes. This taxonomy is distributed with the GPRA+ software and should not need to be modified. | 00, 11, 16, 17, 18, 21, 25, 33, 41, 44, 45, 49, 64, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, A1 | 2C, 3C, 4C, 5C | ✓ |
| COMMUNITY TAXONOMY (name of this taxonomy is determined by the site) | Contains all of the communities that are considered in your service area. All patients who live in these communities will be reviewed for inclusion in the report. | Communities of residence in the service area. | ALL | |
| DM AUDIT GLUCOSE TESTS TAX | Contains all Glucose Lab Tests | Glucose, Fasting Glucose, 4Hr, 2Hr, GTT, Finger Stick, Whole Blood Glucose, Blood Sugar, Capillary Glucose, Accucheck, Lifescan | 2A, 2B, 2C | |
| DM AUDIT HDL TAX | Contains all HDL Lab Tests | HDL | 4A, 4B, 4C | |
| DM AUDIT HGB A1C TAX | Contains all HGB A1C lab tests. | Hgb A1c,<br>A1c<br>Hemoglobin A1c<br>Glycosolated Hgb | 2A, 2B, 2C | |
| DM AUDIT LDL CHOLESTEROL TAX | Contains all LDL Cholesterol Lab Tests | LDL | 4A, 4B, 4C | |
| DM AUDIT LIPID PROFILE TAX | Contains all Lipid Profile Lab Tests | Lipid Profile | 4A, 4B, 4C | |
| DM AUDIT MICROALBUMINURIA TAX | Contains all Microalbuminuria Lab Tests. | Microalbumunia Micral<br>Microalbumunia, Urine<br>A/C Ratio<br>AC Ratio<br>ACR<br>Microalbumin/Creatinine Ratio<br>Microalbumin Random | 5A, 5B, 5C | |
| DM AUDIT TRIGLYCERIDE TAX | Contains all Triglyceride Lab Tests | Triglyceride | 4A, 4B, 4C | |
| DM AUDIT URINE PROTEIN TAX | Contains all Urine Protein Lab Tests. | Urine Protein<br>Urine Protein Screen | 5A, 5B, 5C | |
| SURVEILLANCE DIABETES | Contains all Diabetes ICD9 Diagnoses codes. This taxonomy should already be present on the RPMS system. This taxonomy should not need to be updated. | ICD Dx Codes 250.00-250.93 | 1, 1B, 2A, 2B,2C, 3A, 3B, 3C, 4A, 4B, 4C, 5A, 5B, 5C, A, D | ✓ |

## 3.3 Instructions for Setting up Taxonomies

Taxonomies can be set up with either QMan or with the Taxonomy Setup menu.

### 3.3.1 Setting Up the New Community Taxonomy Using QMan

The community taxonomy can be easily set up using QMan. Below is a sample of creating this taxonomy. If you don't have access to QMan, see your RPMS site manager.

**Step 1**: Choose the QMan menu option from the main menu.

**Step 2**: Type Living Patients at the "What is the subject of your search?" prompt.

**Step 3**: Type Community at the "Attribute of Living Patients:" prompt and press the Return key.

**Step 4**: Type the name(s) of the community/communities of interest at the "Enter Community:" and "Enter Another Community:" prompt. When you are finished, press the Return key at a blank "Enter Another Community:" prompt.

**Step 5**: Type Y at the "Want to save this community group for future use?" prompt.

**Step 6**: Type a name for the taxonomy at the "Group Name:" prompt.

**Step 7**: Verify your group name and type Y or N at the "Are you adding [group name]' as a new TAXONOMY (the ###TH)? No//" prompt.

**Step 8**: Type a short description of the taxonomy (if desired) at the "Taxonomy Brief Description:" prompt.

**Step 9:** Type Y or N at the "Edit?" prompt. Type Y if you wish to edit the extended description for the taxonomy.

You will be returned to the QMan main menu. To exit that menu, type 0 (zero) at the prompt.

```
What is the subject of your search?  LIVING PATIENTS //  LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]

Attribute of LIVING PATIENTS: COMMUNITY <RETURN>

Enter COMMUNITY: TUCSON           PIMA     ARIZONA     077     0410077
Enter ANOTHER COMMUNITY: SELLS          PIMA     ARIZONA     067     0410067
Enter ANOTHER COMMUNITY: SAN XAVIER       PIMA    ARIZONA    065     0410065
Enter ANOTHER COMMUNITY:  <RETURN>

The following have been selected =>
```

```
     SAN XAVIER
     SELLS
     TUCSON

Want to save this COMMUNITY group for future use? No// Y  (Yes)
Group name: CMI GPRA REPORT COMMUNITIES
  Are you adding 'CMI GPRA REPORT COMMUNITIES' as
    a new TAXONOMY (the 718TH)? No// Y  (Yes)

   TAXONOMY BRIEF DESCRIPTION: <RETURN>
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// No <RETURN>
Computing Search Efficiency
Rating.........................................
.........

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]
      CURRENT COMMUNITY (SAN XAVIER/SELLS...)   [SER = 3.55]
```

*Figure 3-1: Setting Up Community Taxonomy Through QMan*

## 3.3.2 Setting Up Taxonomies Through the Taxonomy Menu

The Taxonomy Setup menu option allows you to review and/or add members to the taxonomies of lab tests, diagnoses, health factors, education topics, etc. that are to be used in the GPRA report.

```
Select IHS Core Option:  GPRA   IHS GPRA Performance Indicator Menu

       ******************************************************
       **  Indian Health Service GPRA  Data Reporting System **
       ******************************************************
                      Version 1.0  April,  2002
                              CROW HO

LGP     Run GPRA Report for Local Use
TAX     Taxonomy Setup
ARP     Run AREA GPRA Report (to be used at Area only)
FTA     Run GPRA Report for Local Use and AREA Export
TXCH   Check for Taxonoies Required by the GPRA Report
UPL      Upload GPRA Data File from Site

Select IHS GPRA Performance Indicator Menu Option:
```

*Figure 3-2: GPRA+ Main Menu Options*

### 3.3.2.1 Review Taxonomies [TXCH]

**Step 1**: Select the TXCH (Check for Taxonomies Required by the GPRA Report) option. This option scans for missing taxonomies or those that have no entries.

This option scans for missing taxonomies or those that have no entries. Expect to see a list of those taxonomies that are new to the GPRA Report and that have no members. You will run this option again when taxonomy setup has been completed to ensure that all taxonomies required for the GPRA report have entries.

> **NOTE**: Many of the taxonomies used by the GPRA+ report have already been established and populated by other RPMS applications (e.g. Diabetes Audit). These taxonomies should be reviewed for completeness.

**Step 2:** Review the list of taxonomies that need to either be set up or populated. Any taxonomy whose name begins with DM AUDIT is a part of the DM Audit system and will be referred to in the setup options as a diabetes management taxonomy.

If your taxonomies have all been set up, the message "All taxonomies are present" will appear on the screen.

#### 3.3.2.2 Edit Taxonomies [TAX]

TAX Taxonomy is a menu option that allows you to review and/or edit members to the taxonomies of lab tests, diagnoses, health factors, education topics, etc., that are to be used in the GPRA+ report. All taxonomies used by GPRA+ should be present after the software is loaded, even if the taxonomy has no members yet.

> **NOTE**: All taxonomies should be reviewed for completeness before running the first GPRA+ report.

**Step 1**: Type TAX at the "Select IHS GPRA Performance Indicator Menu Option:" prompt. Two options appear.

1. Diabetes Mgt System Taxonomies (These taxonomies all begin with the name DM AUDIT. All taxonomies used in the Diabetes Management System are included in this option)

2. Other Taxonomies (This is a generic tool for modifying and maintaining all other taxonomies.)

**Step 2:** Type 1 or 2, depending on the taxonomy you want to work with. (A detailed explanation of 1 Diabetes Mgt System Taxonomies follows this section.)

**Step 3:** Continue to select the appropriate taxonomy category(ies).

```
Select one of the following:

          1         Lab Taxonomies
          2         All Other Taxonomies

Which type of Taxonomy: 2  All Other Taxonomies


     Select one of the following:

          1         Edit Existing Taxonomy
          2         Add NEW Taxonomy

Which option: 1  Edit Existing Taxonomy

Name of Taxonomy: BGP CPT PAP
```

*Figure 3-3: Edit Taxonomies, steps 3-5.*

**Step 4:** Type 1 to edit a taxonomy.

**Step 5:** Type the name of the taxonomy, using the Taxonomy Chart above as a reference.

```
Name of Taxonomy: BGP CPT PAP          Pap Smear CPT Codes


 Taxonomy Items             Jun 06, 2002 13:08:31          Page:    1 of    1
     BGP CPT PAP
-------------------------------------
     1   88106                          88106
     2   88141                          88150
     3   88152                          88158
     4   88164                          88167
     5   88170                          88170


          '-' Previous Page  'QU' Quit  ?? for More Actions
1    EDIT the Taxonomy    2    ADD Items           3    DELETE Item(s)
Select Item(s): Quit// 2   ADD Items
```

*Figure 3-4: Editing Taxonomies, step 6.*

**Step 6:** Type either 2 ADD Items or 3 DELETE Items**.** Depending on the taxonomy type, you will enter CPT, ICD9 or other types of codes.

Use the GPRA+ Taxonomies Chart as a reference to add or edit members.

> ***NOTE:*** Option 1 EDIT the Taxonomy is primarily a programmer's tool for viewing the setup of the Taxonomy. The display indicates who created the Taxonomy, which file is drawn from to create the Taxonomy, as well as linkages to Q-Man and other file cross-references. Users are only allowed to edit the Brief Description and Extended Description.

**Step 7:** At the Which [Code Type] prompt, begin typing the code or short name. Entering a partial code will display a list that matches the criteria, e.g., typing "881" will display CPT codes 88104 through 88199.

Use "?" at any prompt to see a full list to select from.

Choose the specific code and press <**ENTER**>. A range of codes can only be entered through QMan.

```
     Select an item to ADD to the

     BGP CPT PAP Taxonomy

Which CPT: 881
     1   88104   88104     CYTOPATHOLOGY, FLUIDS
       CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR
       VAGINAL; SMEARS WITH INTERPRETATION
     2   88106   88106     CYTOPATHOLOGY, FLUIDS
       CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR
       VAGINAL; FILTER METHOD ONLY WITH INTERPRETATION
     3   88107   88107     CYTOPATHOLOGY, FLUIDS
       CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR
       VAGINAL; SMEARS AND FILTER PREPARATION WITH INTERPRETATION
     4   88108   88108     CYTOPATH, CONCENTRATE TECH
       CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG,
       SACCOMANNO TECHNIQUE)
     5   88125   88125     FORENSIC CYTOPATHOLOGY
       CYTOPATHOLOGY, FORENSIC (EG, SPERM)
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
```

*Figure 3-5: Select an Item to Add to the Taxonomy*

**Step 8:** The Which [Code Type] prompt will be displayed again. Enter another code or press <**ENTER**> to return to the Taxonomy menu.

**Step 9:** When all items are displayed correctly, press <**ENTER**> to exit and save that Taxonomy.

**Step 10:** Once you are finished adding and/or removing taxonomies and taxonomy items, select TXCH menu option to perform the final check for taxonomies needed for the GPRA+ report.

### 3.3.3 Diabetes Mgt System Taxonomies

For the GPRA+ report, the following taxonomies should be checked using the Diabetes Mgt System taxonomies option:

- DM AUDIT URINE PROTEIN TAX;;Urine Protein Lab Taxonomy

- DM AUDIT MICROALBUMINURIA TAX;;Microalbuminuia Lab Taxonomy
- DM AUDIT HGB A1C TAX;;HGB A1C Lab Taxonomy
- DM AUDIT GLUCOSE TESTS TAX;;Glucose Tests Taxonomy
- DM AUDIT LIPID PROFILE TAX;;Lipid Profile Lab Taxonomy
- DM AUDIT CHOLESTEROL TAX;;Cholesterol Lab Taxonomy
- DM AUDIT LDL CHOLESTEROL TAX;;LDL Cholesterol Lab Taxonomy
- DM AUDIT HDL TAX;;HDL Lab Taxonomy
- DM AUDIT TRIGLYCERIDE TAX;;Triglyceride Lab Taxonomy
- SURVEILLANCE DIABETES;;Diabetes diagnoses

#### 3.3.3.1 To Review/ Edit a Taxonomy in the Diabetes Mgt System Taxonomies Menu:

**Step 1**: Type TAX at the "Select IHS GPRA Performance Indicator Menu Option:" prompt. Two options appear.

1. Diabetes Mgt System Taxonomies (These taxonomies all begin with the name DM AUDIT. All taxonomies used in the Diabetes Management System are included in this option)

2. Other Taxonomies (This is a generic tool for modifying and maintaining all other taxonomies.)

**Step 2:** Type 1 Diabetes Mgt System Taxonomies. A menu of seven (7) categories is displayed.

**Step 3**: Type the number of the taxonomy category you want to review/edit at the "Which One:" prompt.

```
        Select one of the following
        Diabetes Mgt System Taxonomy Categories to review.

     Select one of the following:

           1         Diagnosis
           2         Medication
           3         Patient Education Topic
           4         Health Factors
           5         Problem List Diagnosis
           6         Provider
           7         Lab

Which one: 1 <RETURN>
```

*Figure 3-6: Reviewing/ Editing Diabetes-related Taxonomies, Step 3*

**Step 4**: Type 1 at the "Select ACTION:" prompt to select an existing taxonomy.

**Step 5**: Type the number of the taxonomy you want to review or modify at the "Which Taxonomy:" prompt. After you have selected the desired taxonomy, that taxonomy and its members are displayed.

```
Select Taxonomy to Edit      Mar 31, 2000 09:07:29     Page: 1 of 1

    No.  Taxonomy
    ---  ------------------------------
    1    DM AUDIT PROBLEM DIABETES DX
    2    DM AUDIT PROBLEM HTN DIAGNOSES
    3    DM AUDIT PROBLEM SMOKING DXS
    4    DM AUDIT SMOKING RELATED DXS
    5    DM AUDIT TYPE I DXS
    6    DM AUDIT TYPE II DXS
    7    SURVEILLANCE DIABETES
    8    SURVEILLANCE HYPERTENSION
    9    SURVEILLANCE TUBERCULOSIS

'-' Previous Page  'QU' Quit  ?? for More Actions
1    SELECT a Taxonomy    2    ADD a Taxonomy

Select ACTION: Quit// 1 <ENTER>

Which Taxonomy:  (1-9): 1 <ENTER>
```

*Figure 3-7: Reviewing/ Editing Diabetes Taxonomies, Steps 4 and 5*

**Step 6:** Compare the contents of the ICD Dx Codes displayed in the window against the GPRA+ Taxonomies chart above. Since the diagnosis taxonomies are imported when the patch is installed, it is unlikely that you will need to add or delete members to these taxonomies.

```
Taxonomy Items          Mar 31, 2000 09:25:09          Page: 1 of 1

DM AUDIT PROBLEM DIABETES DX
------------------------------------
     1   250.00                        250.93

'-' Previous Page  'QU' Quit  ?? for More Actions
1    EDIT the Taxonomy      2    ADD Items      3    DELETE Item(s)

Select Item(s): Quit//
```

*Figure 3-8: Reviewing/ Editing Taxonomies, Steps 6*

**NOTE**: The list of codes next to a single number indicates that this represents a range of codes, i.e. 250.00-250.93. Code ranges currently can only be entered into a taxonomy using QMan.

**Step 7**: Type 2 to add items to the taxonomy items, or 3 to delete items from the taxonomy items.

> **NOTE**: The Edit the Taxonomy option is primarily a programmer's tool for viewing the setup of the taxonomy. The display indicates who created the taxonomy, which file is drawn from to create the taxonomy, as well as linkages to QMan and other file cross-references. You are only allowed to edit the brief description and extended description.

**Step 8**: When all the items are displayed as you want them, press the Return key at the "Select Item(s):" prompt to exit and save that taxonomy.

### 3.3.3.2 Review/Edit a Lab Test Taxonomy

Lab test taxonomies can be slightly more complex than the others. It is recommended that you ask for assistance from a medical technologist who is familiar with the lab test database at your facility.

This section will guide you through adding tests to the DM GLUCOSE TESTS taxonomy.

```
Lab Taxonomies              Jun 10, 2002 13:41:17          Page:    1 of    1
LAB Taxonomies

     No.  Taxonomy
     ---  ------------------------------
     1    DM AUDIT ALT TAX
     2    DM AUDIT AST TAX
     3    DM AUDIT CHOLESTEROL TAX
     4    DM AUDIT CREATININE TAX
     5    DM AUDIT GLUCOSE TESTS TAX
     6    DM AUDIT HDL TAX
     7    DM AUDIT HGB A1C TAX
     8    DM AUDIT LDL CHOLESTEROL TAX
     9    DM AUDIT MICROALBUMINURIA TAX
    10    DM AUDIT TRIGLYCERIDE TAX
    11    DM AUDIT URINALYSIS TAX
    12    DM AUDIT URINE PROTEIN TAX


'-' Previous Page  'QU' Quit  ?? for More Actions
1    Select Lab Taxonomy  2    ADD Lab Taxonomy
Select ACTION: Quit// 1   Select Lab Taxonomy

Edit which Lab Taxonomy:  (1-12): 5
```

*Figure 3-9: Adding Items to Lab Test Taxonomies, Steps 1-2*

**Step 1**: From the LAB Taxonomies menu, type 1 Select Lab Taxonomy option.

**Step 2**: Type 5 DM AUDIT GLUCOSE TESTS TAX to select the option from the list of Lab taxonomy options. In the example shown in Figure 3-10 , there are no lab tests included in the DM AUDIT GLUCOSE TESTS taxonomy.

```
Lab Taxonomy             Mar 31, 2000 11:20:16          Page: 1 of 1
     DM AUDIT GLUCOSE TESTS TAX
     No. Lab                                Site/Specimen
     --- ---------------------------------  --------------



----------'-' Previous Page  'QU' Quit  ?? for More
1    MODIFY Taxonomy Info 3    ADD Lab Test
2    EDIT Lab Test        4    DELETE Lab Test
Select ACTION: Quit// 3   ADD Lab Test
```

*Figure 3-10: Adding Items to Lab Test Taxonomies, Step 2*

**Step 3**: Type 3 ADD Lab Test.

**Step 4:** Type glucose at the "Which Lab Test:" prompt. Several types of lab tests specific to your site will appear.

**Step 5:** Type the number of the test you want to add.

**Step 6:** At the "Select Site/Specimen:" prompt, press the Return key to bypass the prompt.

> Note: Depending on testing methodologies for various lab tests, the same test may be performed on more than one specimen type. Working with a medical technologist familiar with the lab test database will assist you in determining whether a value needs to be entered at the "Select Site/Specimen:" prompt.

```
Select lab tests to add.

Which LAB TEST: glucose
     1   GLUCOSE
     2   GLUCOSE  FASTING GLUCOSE
     3   GLUCOSE  GLUCOSE,FLUID
     4   GLUCOSE  2HR PP GLUCOSE
     5   GLUCOSE, FINGER STICK  GLUCOSE,BLOOD
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
     6   GLUCOSE,CSF
     7   GLUCOSE,PEDIATRIC GTT  PEDIATRIC GTT
CHOOSE 1-7: 1  GLUCOSE
Select SITE/SPECIMEN:

Lab tests currently in this taxonomy:
GLUCOSE,BLOOD
GLUCOSE

Select lab tests to add.
CHOOSE 1-5: 2  FASTING GLUCOSE
Select SITE/SPECIMEN:
```

*Figure 3-11: Adding Items to Lab Test Taxonomies, Steps 4-6.*

**Step 7**: When all the desired tests have been added to the taxonomy, press the Return key when prompted for another lab test. You will be returned to the display screen. At this point, you may continue adding lab tests to the taxonomy, delete tests that are not required, or quit if the taxonomy is satisfactory.

```
Lab Taxonomy        Jun 10, 2002 15:00:23        Page:    1 of    1
     DM AUDIT GLUCOSE TESTS TAX
     No. Lab                              Site/Specimen
     --- -------------------------------  --------------
     1   GLUCOSE,BLOOD
     2   GLUCOSE
     3   FASTING GLUCOSE


----------'-' Previous Page  'QU' Quit  ?? for More Actions------------------
---
1    MODIFY Taxonomy Info 3    ADD Lab Test
2    EDIT Lab Test        4    DELETE Lab Test
Select ACTION: Quit//
```

*Figure 3-12: Adding Items to Lab Test Taxonomies, Step 7*

**Step 8:** Once you are finished adding and/or removing ALL taxonomies and taxonomy items, select TXCH menu option to perform the final check for taxonomies needed for the GPRA+ report.

# 4.0 Menu Option Descriptions

This chapter describes each menu option on the GPRA+ Reporting System main menu.

## 4.1 Run GPRA+ Report for Local Use (LGP)

This option is used to run a GRPA+ report for use at the local site only. When using this option no data is forwarded to the area for area-aggregated reports. The user is prompted to enter a date range, a baseline year, and to indicate which indicators they would like to have calculated and displayed.

> **NOTE**: Before running the report, you should have the following information:
> 1. The name of the community taxonomy to be used for GPRA+
> 2. The period of time for this specific report (Current), i.e., start and end dates for the month, quarter or other period you select.
> 3. The Location code used by your local PCC Data Entry staff for Home Visits.

> **NOTE**: Depending on a variety of factors, including the size of your database, your server configuration (RAM, processor speed, etc.), or the Current period selected, the report may take 2-8 hours to run. You may want to run your initial reports at night.

```
        ******************************************************
        ** Indian Health Service GPRA  Data Reporting System **
        ******************************************************
                       Version 1.0  April, 2002

CROW HO

   LGP    Run GPRA Report for Local Use
   FTA    Run GPRA Report for Local Use and AREA Export
   UPL    Upload GPRA Data File from Site
   ARP    Run AREA GPRA Report (to be used at Area only)
   TXCH   Check for Taxonomies Required by the GRPA Report
   TAX    Taxonomy Setup

Select IHS GPRA Performance Indicator Menu Option: LGP
```

*Figure 4-1: LGP Option on the GPRA+ Main Menu*

**Step 1**: Type LGP at the "Select IHS GPRA Performance Indicator Menu Option:" prompt on the main menu. Information about the report will appear and the taxonomies will be checked (Figure 4-2).

```
         IHS GPRA Indicator Report - Local Use only - No export to Area

This report will produce a GPRA Indicator Report for a date range you
specify.
You will be asked to provide the baseline year and also to specify
which indicators that you would like to have printed.  This option does
NOT send a copy to the Area for Area Aggregation.

You will be provided the opportunity to have lists of patients printed for
the indicators.  Please be careful when answering this questions as the
lists can be very long and use lots of paper.

Checking for Taxonomies to support the GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS RETURN:  <RETURN>
```

*Figure 4-2: Running the LGP option*

**Step 2**: You will then be asked to enter the date range of interest. Enter a beginning and ending date (Figure 4-3).

```
Enter Beginning Date for this Report:  010101  (JAN 01, 2001)
Enter Ending Date for this Report Date:  123101  (DEC 31, 2001)

Enter the Baseline Year that you would like to compare the data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 1999):  1997  (1997)

The date ranges for this report are:
     Reporting Period:         Jan 01, 2001 to Dec 31, 2001
     Previous Year Period:     Jan 01, 2000 to Dec 31, 2000
     Baseline Period:          Jan 01, 1997 to Dec 31, 1997
```

*Figure 4-3: Setting a Date Range for the LGP Option*

The date ranges you specify will be used for the 3 reporting time periods in this report. You must confirm that they are accurate before proceeding.

**Step 3**: After you have selected a date range, you need to specify the home location used by this facility when documenting home visits. You can get this information from the PCC Data Entry staff (Figure 4-4).

```
You must now specify the community taxonomy to use when determining which
patients will be included in the GPRA report.  You should have created this
taxonomy using QMAN or some other software.

Enter the Name of the Community Taxonomy: CMI GPRA REPORT COMMUNITIES

Please enter the Location used by Data Entry for HOME Visits: 000189

     Select one of the following:

          A         ALL GPRA Performance Indicators
          S         Selected GPRA Performance Indicators

Do you want to Report on: A// A LL GPRA Performance Indicators
```

*Figure 4-4: Specifying Home Location and Report Scope for the LGP Option*

At the "Do you want to Report on:" prompt, you can select to run the report for all indicators or to run it for just selected indicators. If you want all indicators then type A and proceed to the next prompt. If you want to run the report for selected indicators you need to follow these instructions.

```
INDICATOR SELECTION         Apr 01, 2002 09:55:31          Page:    1 of    2

IHS GPRA Performance Indicators
* indicates the indicator has been selected

1) 1   Indicator 1:  Diabetes Prevalence
2) 1B  Indicator 1B: Diabetes Prevalence using # seen w/Diabetes in past year
3) 2A  Indicator 2A: Diabetes-Glycemic Control (simple Population)
4) 2B  Indicator 2B: Diabetes-Glycemic Control (2 visits & first Dx > 1 yr)
5) 2C  Indicator 2C: Diabetes-Glycemic Control (2 visits, >19 yrs, creatinine
<
6) 3A  Indicator 3A: Diabetes-Blood Pressure Control (simple Population)
7) 3B  Indicator 3B: Diabetes-Blood Pressure Control (2 visits & first Dx > 1
y
8) 3C  Indicator 3C: Diabetes-Blood Pressure Control (2 visits, >19 yrs,
creati
9) 4A  Indicator 4A: Diabetes-Assessed for Dyslipidemia (simple Population)
10)4B  Indicator 4B: Diabetes-Assessed for Dyslipidemia (2 visits & first Dx
>
11)4C  Indicator 4C: Diabetes-Assessed for Dyslipidemia (2 visits, >19 yrs,
cre
12)5A  Indicator 5A: Diabetes-Assessed for Nephropathy (simple Population)
13)5B  Indicator 5B: Diabetes-Assessed for Nephropathy (2 visits & first Dx >
1
14)5C  Indicator 5C: Diabetes-Assessed for Nephropathy (2 visits, >19 yrs,
crea
15)6   Indicator 6: Women's Health - Pap Smear in past one year
16)6a  Indicator 6A: Women's Health - Pap Smear in past 3 years

+         Enter ?? for more actions

S    Select Indicator                  D    De Select Indicator
A    All Indicators                    Q    Quit

Select Action:+// S   Select Indicator

Which item(s):  (1-30): 1-14,22

When done selecting indicators type a Q to quit.
```

*Figure 4-5: Selecting Specific Indicators for the LGP Report Scope*

To see the entire list of indicators, type a plus sign (+) and press the Return key. To select specific indicators, type S and then list the indictors of interest. For example, to select indicators 1-14 and 22 you would enter an S to select indictors and then at the following prompt type 1-14, 22.

**Step 4**: If you wish to produce a list of patients, type Y at the "Do you want any individual lists for the indicators?" prompt. If you do not want to produce a list of patients, type N.

```
Do you want any individual lists for the indicators? N//
```

*Figure 4-6: LGP Option, Step 4*

**Step 5**: The system will now present you with a summary of the report to be run. In the example below, all indicators were selected and no lists were generated. Type the name of the device you wish to print/ view the report on at the "Device: Home//" prompt.

```
                    SUMMARY OF GPRA REPORT TO BE GENERATED

The date ranges for this report are:
     Reporting Period:         Jan 01, 2001 to Dec 31, 2001
     Previous Year Period:     Jan 01, 2000 to Dec 31, 2000
     Baseline Period:          Jan 01, 1997 to Dec 31, 1997

The COMMUNITY Taxonomy to be used is: LORI COM
The HOME location is: HOME 000189

These indicators will be calculated: 1 ; 1B ; 2A ; 2B ; 2C ; 3A ; 3B ; 3C ;
 4A ;4B ; 4C ; 5A ; 5B ; 5C ; 6 ; 6A ; 7 ; 8 ; 12 ; 13 ; 14 ; 22 ; 23 ; 24 ;
29 ; 30 ; A ; B ; C ; D ;

Lists will be produced for these indicators:

DEVICE: HOME//
```

*Figure 4-7: LGP Option, Step 5*

## 4.2 Run GPRA Report for Local Use and AREA Export (FTA)

This option is used to run a GPRA+ report that will be exported to the Area for use in an area aggregate report. The Area Coordinator will tell you which fiscal year and, optionally, which quarter the report should be run for. You will also be told which baseline year to use.

**Step 1**: Type FTA at the "Select IHS GPRA Performance Indicator Menu option:" prompt (Figure 4-8).

```
         ******************************************************
         ** Indian Health Service GPRA  Data Reporting System **
         ******************************************************
                       Version 1.0  April, 2002

CROW HO

   LGP    Run GPRA Report for Local Use
   FTA    Run GPRA Report for Local Use and AREA Export
   UPL    Upload GPRA Data File from Site
   ARP    Run AREA GPRA Report (to be used at Area only)
   TXCH   Check for Taxonomies Required by the GRPA Report
   TAX    Taxonomy Setup

Select IHS GPRA Performance Indicator Menu Option: FTA
```

*Figure 4-8: FTA Option, Step 1*

Information about the report will appear and the taxonomies will be checked (Figure 4-9).

```
                IHS GPRA Indicator Report - for Export to Area

This report will produce a GPRA Indicator Report for a Fiscal Year of Quarter
that you specify.
You will be asked to provide the baseline year and also to specify
the community taxonomy to be used.

This option will send a copy of the data to the area office to be used
in area aggregated data.

You will be provided the opportunity to have lists of patients printed for
the indicators.  Please be careful when answering this questions as the
lists can be very long and use lots of paper.

Checking for Taxonomies to support the GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

*Figure 4-9: FTA Option, Step 1*

**Step 2**: Select the correct fiscal year, quarter, baseline year, and date range for the report at the appropriate prompts.

```
Enter Fiscal year (e.g. 1999):  2002  (2002)

     Select one of the following:

          Q         One Quarter in FY 2002
          F         Full Fiscal Year

Run the report for a: Q// Q  One Quarter in FY 2002
Which Quarter:  (1-4): 1

Enter the Baseline Year that you would like to compare the data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 1999):  1998  (1998)

The date ranges for this report are:
     Reporting Period:         Oct 01, 2001 to Dec 31, 2001
     Previous Year Period:     Oct 01, 2000 to Dec 31, 2000
     Baseline Period:          Oct 01, 1997 to Dec 31, 1997
```

*Figure 4-10: FTA Option, Step 2*

**Step 3**: Specify the taxonomy name and home location for the report at the appropriate prompts.

```
You must now specify the community taxonomy to use when determining which
patients will be included in the GPRA report.  You should have created
this taxonomy using QMAN or some other software.

Enter the Name of the Community Taxonomy: CMI GPRA REPORT COMMUNITIES

Please enter the Location used by Data Entry for HOME Visits: 000189
```

*Figure 4-11: FTA Option, Step 3*

You need to specify the home location used by this facility when documenting home visits. You can get this information from the PCC data entry staff.

**Step 4**: If you wish to produce a list of patients, type Y at the "Do you want any individual lists for the indicators?" prompt. If you do not want to produce a list of patients, type N.

```
Do you want any individual lists for the indicators? N// N
```

*Figure 4-12: FTA Option, Step 4*

**Step 5**: Write down the file name and the file location that will appear on your screen. This information should be given to your Area coordinator.

```
A file will be created called BG000101.3.
It will reside in the public/export directory.
This file should be sent to your Area Office.
```

*Figure 4-13: FTA Option, Step 5*

**Step 6**: Type the name of the device that you wish to print/ view the report on at the "Device: HOME//" prompt.

```
DEVICE: HOME//
```

*Figure 4-14: FTA Option, Step 6*

## 4.3 Upload GPRA Data File from Site (UPL)

This option is used by Areas to upload data files that have been sent by service units. Once these files have been received and uploaded they can be used in an area aggregate report. You will have to execute this option each time a service unit sends a data file.

**Step 1**: Type UPL at the "Select IHS GPRA Performance Indicator Menu Option:" prompt on the GRPA+ main menu.

```
          ******************************************************
          ** Indian Health Service GPRA  Data Reporting System **
          ******************************************************
                      Version 1.0  April, 2002

CROW HO

   LGP    Run GPRA Report for Local Use
   FTA    Run GPRA Report for Local Use and AREA Export
   UPL    Upload GPRA Data File from Site
   ARP    Run AREA GPRA Report (to be used at Area only)
   TXCH   Check for Taxonomies Required by the GRPA Report
   TAX    Taxonomy Setup

Select IHS GPRA Performance Indicator Menu Option: UPL
```

*Figure 4-15: UPL Option, Step 1*

**Step 2**: Type the directory name you wish to use at the "Enter directory path:" prompt. You will be informed by your Area office information systems personnel what directory should be used. This is the directory to which the service unit's data files have been FTP'd.

```
This option is used to upload a SU's GPRA data.
You must specify the directory in which the GPRA data files resides
and then enter the filename of the GPRA data.

Enter directory path (i.e. /usr/spool/uucppublic/):  /usr/spool/uucppublic/
```

*Figure 4-16: UPL Option, Step 2*

**Step 3**: Type the name of the file you wish to upload at the "Enter Filename w /ext:" prompt. If the `All done reading file`, `Processing`, and `Data uploaded` messages do not appear on your screen, something has gone wrong and the file was not uploaded (Figure 4-17).

```
Enter filename w /ext (i.e. GP101201.5):  GP000101.1
Directory=C:\EXPORT  File=BG000202.2

All done reading file

Processing

Data uploaded.
Enter RETURN to continue or '^' to exit:
```

*Figure 4-17: UPL Option, Step 3*

## 4.4 Run AREA GPRA Report (to be used at Area only) (ARP)

This option is used by the Area to produce an area aggregate GPRA+ report. This report will aggregate all data received to date from the service units. The data uploaded from the service units must have matching fiscal year, quarter, and baseline periods.

**Step 1**: Type ARP at the "Select IHS GPRA Performance Indicator Menu Option:" prompt on the GRPA+ main menu.

```
          ******************************************************
          ** Indian Health Service GPRA  Data Reporting System **
          ******************************************************
                       Version 1.0  April, 2002

                                CROW HO

   LGP    Run GPRA Report for Local Use
   FTA    Run GPRA Report for Local Use and AREA Export
   UPL    Upload GPRA Data File from Site
   ARP    Run AREA GPRA Report (to be used at Area only)
   TXCH   Check for Taxonomies Required by the GRPA Report
   TAX    Taxonomy Setup

Select IHS GPRA Performance Indicator Menu Option: ARP
```

*Figure 4-18: ARP Option, Step 1*

**Step 2**: Type the fiscal year, quarter, and baseline year you wish to use at the appropriate prompts.

```
                            TUCSON Area GPRA Report

Enter the FY of interest.  Use a 4 digit year, e.g. 1999, 2000
Enter Fiscal year (e.g. 1999):  2001  (2001)

     Select one of the following:

          Q         One Quarter in FY 2001
          F         Full Fiscal Year

Run the report for a: Q// Full Fiscal Year

Enter the Baseline Year that you would like to compare the data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 1999):  1998  (1998)

The date ranges for this report are:
     Reporting Period:         Oct 01, 2000 to Sep 30, 2001
     Previous Year Period:     Oct 01, 1999 to Sep 30, 2000
     Baseline Period:          Oct 01, 1997 to Sep 30, 1998
```

*Figure 4-19: ARP Option, Step 2*

**Step 3**: Type A or F at the "Run Report for:" prompt. Option A will run a report that combines the data for all sites and option F will run a report that is similar to the facility reports except that it won't contain patient lists. The example here is an A report.

```
     Select one of the following:
          A         AREA Aggregate
          F         One Facility

Run Report for: A// A     AREA Aggregate
```

*Figure 4-20: ARP Option, Step 3*

**Step 4**: All facilities that have had their data files uploaded for the selected time period will be displayed onscreen. Once you have reviewed the list and are ready to run the report, type the name of the device you wish to print/ view the report on at the "Device: HOME//" prompt.

```
Data from the following Facilities has been received and will be used
in the Area Aggregate Report:

     FY: 2001  QTR: All       SU: SELLS               Facility: SELLS HOSP
     FY: 2001  QTR: All       SU: SELLS               Facility: SAN XAVIER
     FY: 2001  QTR: All       SU: SELLS               Facility: SANTA ROSA
     FY: 2001  QTR: All       SU: SELLS               Facility: YAQUI

DEVICE: HOME//
```

*Figure 4-21: ARP Option, Step 4*

## 4.5 Check for Taxonomies Required by the GPRA Report (TXCH)

This option is used to check that all taxonomies required by the GPRA report are present and have entries. This does not ensure that all taxonomies are complete and accurate; it simply makes sure that they are present and have at least one entry.

**Step 1**: Type TXCH at the "Select IHS GPRA Performance Indicator Menu Option:" prompt.

```
             ******************************************************
             ** Indian Health Service GPRA  Data Reporting System **
             ******************************************************
                          Version 1.0  April, 2002
                                 CROW HO

   LGP    Run GPRA Report for Local Use
   FTA    Run GPRA Report for Local Use and AREA Export
   UPL    Upload GPRA Data File from Site
   ARP    Run AREA GPRA Report (to be used at Area only)
   TXCH   Check for Taxonomies Required by the GRPA Report
   TAX    Taxonomy Setup

Select IHS GPRA Performance Indicator Menu Option: TXCH
```

*Figure 4-22: TXCH Option, Step 1*

The system will check itself for the necessary taxonomies. When the taxonomy check is complete, one of two messages will appear. If there are taxonomies missing

or empty, you will get a message indicating that is the case. If all the taxonomies were present, the `All taxonomies are present` message will appear (Figure 4-23).

```
Checking for Taxonomies to support the GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

*Figure 4-23: Taxonomy Check Complete*

## 4.6 Taxonomy Setup (Tax)

This option is covered in section 3.0.

# 5.0 Appendix A: IHS RPMS GPRA LOGIC

## 5.1 Patient Subset (Active Users)

- Indian/Alaskan Natives Only (based on Classification of 01 – Indian/Alaskan Native)
- Must reside in a community specified in the community taxonomy specified by the user
- Must have been seen in the 3 years prior to the end of the time period
- Must be alive during the entire time frame

The above criteria are used in relation to all of the time periods used in the report (baseline, current reporting period, and previous year reporting period) to determine which patients will be included.

## 5.2 Indicator 1: Diabetes

Continue tracking area age specific diabetes prevalence rates to identify trends in the age specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

**Denominator**
All active users as defined above.

**Numerator**
Anyone diagnosed with Diabetes (250.00-250.93) ever before the end of the time period. The system looks for at least one diagnosis (Purpose of Visit recorded in the V POV file) any time before the end of the time frame.

Prevalence rates are given for All Active Users, Males, Females, and for the following age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs.

A list of all patients diagnosed with Diabetes (patients who are in the numerator) is included upon request.

**Sample Indicator 1**

```
LAB                              Mar 26, 2002                          Page 1

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                   CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
                Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 1:  Diabetes
Continue tracking area age specific diabetes prevalence rates to identify
trends in the age specific prevalence of diabetes (as a surrogate marker for
```

diabetes incidence) for the AI/AN population.

Prevalence of Diabetes (DM Diagnosis ever)

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE YR | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # active users | 8,777 | | 8,953 | | 9,117 | | | |
| # w/ DM DX before end of time period | 788 | 9.0 | 851 | 9.5 | 896 | 9.8 | +8.9 | +3.2 |
| # FEMALE active users | 4,677 | | 4,765 | | 4,852 | | | |
| # w/ DM DX before end of time period | 452 | 9.7 | 487 | 10.2 | 515 | 10.6 | +9.3 | +3.9 |
| # MALE active users | 4,100 | | 4,188 | | 4,265 | | | |
| # w/ DM DX before end of time period | 336 | 8.2 | 364 | 8.7 | 381 | 8.9 | +8.5 | +2.3 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

---

Age specific Diabetes Prevalence (DM Diagnosis ever)

TOTAL ACTIVE USERS

| | | Age Distribution | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | < 15 yrs | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | >64 |
| CURRENT REPORTING PERIOD | | | | | | | | |
| Total # active users | 3,156 | 972 | 834 | 1,254 | 1,233 | 864 | 454 | 350 |
| # w/Diabetes dx | 27 | 9 | 23 | 82 | 156 | 239 | 194 | 166 |
| % with DM DX ever | 0.9 | 0.9 | 2.8 | 6.5 | 12.7 | 27.7 | 42.7 | 47.4 |
| PREVIOUS YEAR PERIOD | | | | | | | | |
| Total # active users | 3,122 | 980 | 824 | 1,245 | 1,199 | 820 | 437 | 326 |
| # w/Diabetes dx | 24 | 12 | 16 | 81 | 151 | 223 | 181 | 163 |
| % with DM DX ever | 0.8 | 1.2 | 1.9 | 6.5 | 12.6 | 27.2 | 41.4 | 50.0 |
| BASELINE REPORTING PERIOD | | | | | | | | |
| Total # active users | 3,149 | 912 | 807 | 1,244 | 1,144 | 791 | 420 | 310 |
| # w/Diabetes dx | 21 | 7 | 23 | 65 | 137 | 216 | 162 | 157 |
| % with DM DX ever | 0.7 | 0.8 | 2.9 | 5.2 | 12.0 | 27.3 | 38.6 | 50.6 |
| % Change from prev yr | +12.5 | -25.0 | +47.4 | +0.0 | +0.8 | +1.8 | +3.1 | -5.2 |
| % Change from base yr | +28.6 | +12.5 | -3.4 | +25.0 | +5.8 | +1.5 | +10.6 | -6.3 |

```
LAB                                Mar 26, 2002                          Page 3

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Age specific Diabetes Prevalence (DM Diagnosis ever)

                              FEMALE ACTIVE USERS

                                    Age Distribution
                        < 15 15-19  20-24  25-34  35-44  45-54  55-64  >64
yrs

CURRENT REPORTING PERIOD
# FEMALE active users 1,652    491    430    693    679    468    252    187
# w/Diabetes dx          14      3      8     43     99    140    119     89
% with DM DX ever       0.8    0.6    1.9    6.2   14.6   29.9   47.2   47.6

PREVIOUS YEAR PERIOD
# FEMALE active users 1,632    489    421    697    661    454    237    174
# w/Diabetes dx          12      4      5     42     93    135    108     88
% with DM DX ever       0.7    0.8    1.2    6.0   14.1   29.7   45.6   50.6

BASELINE REPORTING PERIOD
# FEMALE active users 1,633    478    409    704    621    434    236    162
# w/Diabetes dx           9      2     10     37     83    127    101     83
% with DM DX ever       0.6    0.4    2.4    5.3   13.4   29.3   42.8   51.2

% Change from prev yr  +14.3  -25.0  +58.3   +3.3   +3.5   +0.7   +3.5   -5.9

% Change from base yr  +33.3  +50.0  -20.8  +17.0   +9.0   +2.0  +10.3   -7.0

LAB                                Mar 26, 2002                          Page 4

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Age specific Diabetes Prevalence (DM Diagnosis ever)

                               MALE ACTIVE USERS

                                    Age Distribution
                        < 15 15-19  20-24  25-34  35-44  45-54  55-64  >64
yrs

CURRENT REPORTING PERIOD
# MALE active users   1,504    481    404    561    554    396    202    163
# w/Diabetes dx          13      6     15     39     57     99     75     77
```

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| % with DM DX ever | 0.9 | 1.2 | 3.7 | 7.0 | 10.3 | 25.0 | 37.1 | 47.2 |
| | | | | | | | | |
| PREVIOUS YEAR PERIOD | | | | | | | | |
| # MALE active users | 1,490 | 491 | 403 | 548 | 538 | 366 | 200 | 152 |
| # w/Diabetes dx | 12 | 8 | 11 | 39 | 58 | 88 | 73 | 75 |
| % with DM DX ever | 0.8 | 1.6 | 2.7 | 7.1 | 10.8 | 24.0 | 36.5 | 49.3 |
| | | | | | | | | |
| BASELINE REPORTING PERIOD | | | | | | | | |
| # MALE active users | 1,516 | 434 | 398 | 540 | 523 | 357 | 184 | 148 |
| # w/Diabetes dx | 12 | 5 | 13 | 28 | 54 | 89 | 61 | 74 |
| % with DM DX ever | 0.8 | 1.2 | 3.3 | 5.2 | 10.3 | 24.9 | 33.2 | 50.0 |
| | | | | | | | | |
| % Change from prev yr | +12.5 | -25.0 | +37.0 | -1.4 | -4.6 | +4.2 | +1.6 | -4.3 |
| | | | | | | | | |
| % Change from base yr | +12.5 | +0.0 | +12.1 | +34.6 | +0.0 | +0.4 | +11.7 | -5.6 |

*Figure 5-1: Sample Indicator 1*

## 5.3 Indicator 1B: Historical National Diabetes Prevalence Rates

This is the same of indicator #1 except that rather than using a true prevalence calculation of patients having the diagnosis on or prior to a specified date, this will count the number of patients seen with diabetes in the past year. This is the method used in the past by IHS for calculating prevalence, so indicator 1B will permit comparisons to past prevalence rates.

**Denominator**
All active users as defined above.

**Numerator**
Anyone diagnosed with Diabetes (250.00-250.93) in the year prior to the end of the time period. The system looks for at least one diagnosis (purpose of visit recorded in the V POV file) any time before the end of the time frame.

Prevalence rates are given for All Active Users, Males, Females, and for the following age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs.

A list of all patients diagnosed with Diabetes diagnosed in the year prior to the end of the time period (patients who are in the numerator) is included upon request.

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

---

Indicator 1B: Diabetes Prevalence using patients seen w/DM in the year prior to the end of the time period.
Continue tracking area age specific diabetes prevalence rates to identify trends in the age specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Prevalence of Diabetes (w/DM DX in year prior to end of time period)

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # active users | 8,777 | | 8,953 | | 9,117 | | | |
| # w/ DM DX w/in year | 535 | 6.1 | 577 | 6.4 | 598 | 6.6 | +8.2 | +3.1 |
| # FEMALE active users | 4,677 | | 4,765 | | 4,852 | | | |
| # w/ DM DX w/in year | 309 | 6.6 | 333 | 7.0 | 350 | 7.2 | +9.1 | +2.9 |
| # MALE active users | 4,100 | | 4,188 | | 4,265 | | | |
| # w/ DM DX w/in year | 226 | 5.5 | 244 | 5.8 | 248 | 5.8 | +5.5 | +0.0 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

---

Age specific Diabetes Prevalence (DM DX in yr prior to end of time frame)

TOTAL ACTIVE USERS

| | | Age Distribution | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | < 15 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | >64 yrs |
| CURRENT REPORTING PERIOD | | | | | | | | |
| Total # active users | 3,156 | 972 | 834 | 1,254 | 1,233 | 864 | 454 | 350 |
| # w/Diabetes dx in yr | 6 | 2 | 12 | 45 | 88 | 168 | 148 | 129 |
| % with DM DX in yr | 0.2 | 0.2 | 1.4 | 3.6 | 7.1 | 19.4 | 32.6 | 36.9 |

```
PREVIOUS YEAR PERIOD
Total # active users  3,122    980    824  1,245  1,199    820    437    326
# w/Diabetes dx in yr    48     24     32    162    302    446    362    326
% with DM DX in yr      0.3    0.6    0.6    3.7    7.1   18.4   32.5   40.8

BASELINE REPORTING PERIOD
Total # active users  3,149    912    807  1,244  1,144    791    420    310
# w/Diabetes dx in yr    42     14     46    130    274    432    324    314
% with DM DX in yr      0.2    0.3    1.1    2.7    6.6   19.2   30.5   40.6

% Change from prev yr  -33.3  -66.7 +133.3   -2.7   +0.0   +5.4   +0.3   -9.6

% Change from base yr   +0.0  -33.3  +27.3  +33.3   +7.6   +1.0   +6.9   -9.1



LAB                                Mar 25, 2002                          Page 7

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
              Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Age specific Diabetes Prevalence (DM DX in yr prior to end of time frame)

                             FEMALE ACTIVE USERS

                                      Age Distribution
                      < 15 15-19  20-24  25-34  35-44  45-54  55-64  >64 yrs

CURRENT REPORTING PERIOD
# FEMALE active users 1,652    491    430    693    679    468    252    187
# w/Diabetes dx in yr    28      6     16     86    198    280    238    178
% with DM DX in yr      1.7    1.2    3.7   12.4   29.2   59.8   94.4   95.2

PREVIOUS YEAR PERIOD
# FEMALE active users 1,632    489    421    697    661    454    237    174
# w/Diabetes dx in yr    24      8     10     84    186    270    216    176
% with DM DX in yr      1.5    1.6    2.4   12.1   28.1   59.5   91.1  101.1

BASELINE REPORTING PERIOD
# FEMALE active users 1,633    478    409    704    621    434    236    162
# w/Diabetes dx in yr    18      4     20     74    166    254    202    166
% with DM DX in yr      1.1    0.8    4.9   10.5   26.7   58.5   85.6  102.5

% Change from prev yr  +13.3  -25.0  +54.2   +2.5   +3.9   +0.5   +3.6   -5.8

% Change from base yr  +54.5  +50.0  -24.5  +18.1   +9.4   +2.2  +10.3   -7.1



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                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
```

Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Age specific Diabetes Prevalence (DM DX in yr prior to end of time frame)

MALE ACTIVE USERS

| | | Age Distribution | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | < 15 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | >64 yrs |
| CURRENT REPORTING PERIOD | | | | | | | | |
| # MALE active users | 1,504 | 481 | 404 | 561 | 554 | 396 | 202 | 163 |
| # w/Diabetes dx in yr | 26 | 12 | 30 | 78 | 114 | 198 | 150 | 154 |
| % with DM DX in yr | 1.7 | 2.5 | 7.4 | 13.9 | 20.6 | 50.0 | 74.3 | 94.5 |
| PREVIOUS YEAR PERIOD | | | | | | | | |
| # MALE active users | 1,490 | 491 | 403 | 548 | 538 | 366 | 200 | 152 |
| # w/Diabetes dx in yr | 24 | 16 | 22 | 78 | 116 | 176 | 146 | 150 |
| % with DM DX in yr | 1.6 | 3.3 | 5.5 | 14.2 | 21.6 | 48.1 | 73.0 | 98.7 |
| BASELINE REPORTING PERIOD | | | | | | | | |
| # MALE active users | 1,516 | 434 | 398 | 540 | 523 | 357 | 184 | 148 |
| # w/Diabetes dx in yr | 24 | 10 | 26 | 56 | 108 | 178 | 122 | 148 |
| % with DM DX in yr | 1.6 | 2.3 | 6.5 | 10.4 | 20.7 | 49.9 | 66.3 | 100.0 |
| % Change from prev yr | +6.3 | -24.2 | +34.5 | -2.1 | -4.6 | +4.0 | +1.8 | -4.3 |
| % Change from base yr | +6.3 | +8.7 | +13.8 | +33.7 | -0.5 | +0.2 | +12.1 | -5.5 |

*Figure 5-2: Sample Indicator 1b*

## 5.4 Indicator 2A: Reduce Diabetic Complications—Glycemic Control

Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1).

**Numerator 1**
Number of patients with a Hemoglobin A1c less than or equal to 7 or with a mean of the last 3 Glucose values less than or equal to 150.

**Numerator 2**
Number of patients with Hemoglobin A1c equal to or greater than 9.5 or mean of the last 3 Glucose values equal to or greater than 225.

**Numerator 3**
Number of patients with undetermined Hemoglobin A1c or Glucose values. These are the patients with no Hemoglobin A1c and less than 3 Glucose values in the year

prior to the end of the time period. Patients with a hemoglobin A1c documented but with no value or Glucose values documented but without values would be included in this numerator.

For numerators 1-3 the following logic is used:

The last Hemoglobin A1c test in the year prior to the end of the time period is found. If one is found and the result does not equal the term COMMENT then it is used for this indicator. If no Hemoglobin A1c is found or the last one found has a COMMENT result then the database is searched for the last 3 glucose values in the year prior to the end of the time period.

**Numerator 4**
Number of patients with an A1C documented in the year prior to the end of the time period. This will count all patients who had a Hemoglobin A1c documented whether or not the test had a valid result.

Two lab taxonomies are used in calculating this indicator:

**DM AUDIT HGB A1C TAX**: This taxonomy must contain all Hemoglobin A1C tests.

**DM AUDIT GLUCOSE TESTS TAX**: This taxonomy must contain all Glucose tests.

**Note**: A list of all patients in the denominator and their Hemoglobin A1C or Glucose tests value is available upon request.

```
LAB                                Mar 25, 2002                          Page 9

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                   Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                      Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 2A:  Diabetes-Reduce Diabetic Complications - Glycemic Control
Denominator is all patients with a DM diagnosis ever.
Continue the trend of inproved glycemic control in the proportion of I/T/U
clients with diagnosed diabetes.

                       BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                       PERIOD        PERIOD          PERIOD         BASE PREV
YR
# diagnosed w/diabetes 1,576          1,702          1,792

# w/HgbA1c <=7 or
   glucose <=150
  recorded w/in 1 yr of
  end of time period     127   8.1      184  10.8      163   9.1   +12.3  -
15.7

# w/HgbA1c >=9.5 or
   glucose >=225
  recorded w/in 1 yr of
  end of time period      83   5.3      129   7.6      206  11.5  +117.0
+51.3

# w/HgbA1c or Glucose
   undetermined in 1 yr of
  end of time period     450  28.6      364  21.4      339  18.9   -33.9  -
11.7

# w/HgbA1c done w/ or
   w/o result
  recorded w/in 1 yr of
  end of time period     354  22.5      437  25.7      502  28.0   +24.4
+8.9
```

*Figure 5-3: Sample Indicator 2A*

## 5.5 Indicator 2B: Reduce Diabetic Complications—Glycemic Control

Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period.

**Numerator 1**
Number of patients with a Hemoglobin A1c less than or equal to 7 or mean of the last 3 Glucose values less than or equal to 150.

**Numerator 2**
Number of patients with Hemoglobin A1c equal to or greater than 9.5 or mean of the last 3 Glucose values equal to or greater than 225.

**Numerator 3**
Number of patients with undetermined Hemoglobin A1c or Glucose values. These are the patients with no Hemoglobin A1c and less than 3 Glucose values in the year prior to the end of the time period. Patients with a hemoglobin A1c documented but with no value or Glucose values documented but without values would be included in this numerator.

For numerators 1-3 the following logic is used:

> The last Hemoglobin A1c test in the year prior to the end of the time period is found. If one is found and the result does not equal the term COMMENT then it is used for this indicator. If no Hemoglobin A1c is found or the last one found has a COMMENT result then the database is searched for the last 3 glucose values in the year prior to the end of the time period.

**Numerator 4**
Number of patients with an A1C documented in the year prior to the end of the time period. This will count all patients who had a Hemoglobin A1c documented whether or not the test had a valid result.

Two lab taxonomies are used in calculating this indicator:

> **DM AUDIT HGB A1C TAX**: This taxonomy must contain all Hemoglobin A1C tests.
>
> **DM AUDIT GLUCOSE TESTS TAX**: This taxonomy must contain all Glucose tests.

**Note**: A list of all patients in the denominator and their Hemoglobin A1C or Glucose tests value is available upon request.

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 2B: Diabetes-Reduce Diabetic Complications - Glycemic Control
Denominator is all patients with a DM diagnosis ever, with at least
2 visits in the year prior to the end of the time period and the first
ever recorded diagnosis of Diabetes > 1year prior to the end of the time
period.
Continue the trend of inproved glycemic control in the proportion of I/T/U
clients with diagnosed diabetes.

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # in denominator | 659 | | 703 | | 764 | | | |
| # w/HgbA1c <=7 or glucose <=150 recorded w/in 1 yr of end of time period | 110 | 16.7 | 154 | 21.9 | 136 | 17.8 | +6.6 | -18.7 |
| # w/HgbA1c >=9.5 or glucose >=225 recorded w/in 1 yr of end of time period | 75 | 11.4 | 121 | 17.2 | 195 | 25.5 | +123.7 | +48.3 |
| # w/HgbA1c or Glucose undetermined in 1 yr of end of time period | 354 | 53.7 | 267 | 38.0 | 253 | 33.1 | -38.4 | -12.9 |
| # w/HgbA1c done w/ or w/o result recorded w/in 1 yr of end of time period | 319 | 48.4 | 393 | 55.9 | 465 | 60.9 | +25.8 | +8.9 |

*Figure 5-4: Sample Indicator 2B*

## 5.6 Indicator 2C: Reduce Diabetic Complications—Glycemic Control

Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:

- The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).

- At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the GPRA+ user manual.

- The patient must be 19 years old or greater at the beginning of the time period.

- The patient must never have had a creatinine greater than 5

**Numerator 1**
Number of patients with a Hemoglobin A1c less than or equal to 7 or mean of the last 3 Glucose values less than or equal to 150.

**Numerator 2**
Number of patients with Hemoglobin A1c equal to or greater than 9.5 or mean of the last 3 Glucose values equal to or greater than 225.

**Numerator 3**
Number of patients with undetermined Hemoglobin A1c or Glucose values. These are the patients with no Hemoglobin A1c and less than 3 Glucose values in the year prior to the end of the time period. Patients with a hemoglobin A1c documented but with no value or Glucose values documented but without values would be included in this numerator.

For numerators 1-3 the following logic is used:

The last Hemoglobin A1c test in the year prior to the end of the time period is found. If one is found and the result does not equal the term COMMENT then it is used for this indicator. If no Hemoglobin A1c is found or the last one found has a COMMENT result then the database is searched for the last 3 glucose values in the year prior to the end of the time period.

**Numerator 4**
Number of patients with an A1C documented in the year prior to the end of the time period. This will count all patients who had a Hemoglobin A1c documented whether or not the test had a valid result.

Two lab taxonomies are used in calculating this indicator:

**DM AUDIT HGB A1C TAX**: This taxonomy must contain all Hemoglobin A1C tests.

**DM AUDIT GLUCOSE TESTS TAX**: This taxonomy must contain all Glucose tests.

**Note**: A list of all patients in the denominator and their Hemoglobin A1C or Glucose tests value is available upon request.

```
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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                      Reporting Period: Oct 01, 1999 to Sep 30, 2000
                    Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                       Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 2C:  Diabetes-Reduce Diabetic Complications - Glycemic Control
Denominator is all patients with a DM diagnosis ever, who are 19 or older
who had at least 2 diabetes related encounters ever, at least one
encounter in a primary clinic with a primary provider for diabetes,
and an absence of a creatinine value of 5.0 or greater.

Continue the trend of inproved glycemic control in the proportion of I/T/U
clients with diagnosed diabetes.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# diagnosed w/diabetes 332            351            373

# w/HgbA1c <=7 or
   glucose <=150
  recorded w/in 1 yr of
  end of time period    72  21.7      103  29.3       71  19.0   -12.4  -35.2

# w/HgbA1c >=9.5 or
   glucose >=225
  recorded w/in 1 yr of
  end of time period    59  17.8       97  27.6      148  39.7  +123.0  +43.8

# w/HgbA1c or Glucose
   undetermined in 1 yr of
  end of time period   108  32.5       25   7.1       24   6.4   -80.3   -9.9

# w/HgbA1c done w/ or
   w/o result
  recorded w/in 1 yr of
  end of time period   241  72.6      319  90.9      341  91.4   +25.9   +0.6
```

*Figure 5-5: Sample Indicator 2C*

## 5.7 Indicator 3A: Reduce Diabetic Complications—Blood Pressure Control

Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1).

For each of the 3 numerators below the last 3 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the time period are used. The mean Systolic value is calculated by adding the last 3 systolic values and dividing by

3. The mean Diastolic value is calculated by adding the diastolic values from the last 3 blood pressures and dividing by 3.

**Numerator 1**
Number of patients with controlled BP. The mean systolic value is less than 130 AND the mean diastolic value is less than 80.

**Numerator 2**
Number of patients with uncontrolled BP. The mean systolic value is 130 or greater and the mean diastolic value is 80 or greater.

**Numerator 3**
Number of patients with undetermined BP control. Number of patients with less than 3 blood pressures documented in the year prior to the end of the time period.

> **Note**: A list of all patients in the denominator and their BP status can be obtained upon request.

```
LAB                                Mar 26, 2002                          Page 12

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 3A:  Diabetes-Reduce Diabetic Complications - BP control
Denominator is all patients with a DM diagnosis ever.
Continue the trend of improved blood pressure control in the proportion of
I/T/U
clients with diagnosed diabetes.

                      BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                      PERIOD        PERIOD          PERIOD         BASE PREV YR
# diagnosed w/diabetes 788            851            896

# w/Mean BP <130/80
   Controlled
  recorded w/in 1 yr of
  end of time period   233  29.6      245  28.8      247  27.6    -6.8   -4.2

# w/Mean BP >=130/80
   Uncontrolled
  recorded w/in 1 yr of
  end of time period   337  42.8      360  42.3      372  41.5    -3.0   -1.9

# w/Mean Blood Pressure
   undetermined in 1 yr of
  end of time period   218  27.7      246  28.9      277  30.9   +11.6   +6.9
```

*Figure 5-6: Sample Indicator 3A*

## 5.8 Indicator 3B: Reduce Diabetic Complications—Blood Pressure Control

Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period.

For each of the 3 numerators below the last 3 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the time period are used. The mean Systolic value is calculated by adding the last 3 systolic values and dividing by 3. The mean Diastolic value is calculated by adding the diastolic values from the last 3 blood pressures and dividing by 3.

**Numerator 1**
Number of patients with controlled BP. The mean systolic value is less than 130 AND the mean diastolic value is less than 80.

**Numerator 2**
Number of patients with uncontrolled BP. The mean systolic value is 130 or greater and the mean diastolic value is 80 or greater.

**Numerator 3**
Number of patients with undetermined BP control. Number of patients with less than 3 blood pressures documented in the year prior to the end of the time period.

> **Note**: A list of all patients in the denominator and their BP status can be obtained upon request.

```
LAB                                Mar 26, 2002                          Page 13

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                      Reporting Period: Oct 01, 1999 to Sep 30, 2000
                    Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                       Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 3B:  Diabetes-Reduce Diabetic Complications - BP control
Denominator is all patients with a DM diagnosis ever, with at least
2 visits in the year prior to the end of the time period and the first
ever recorded diagnosis of Diabetes > 1year prior to the end of the time
period.
Continue the trend of improved glycemic control in the proportion of I/T/U
clients with diagnosed diabetes.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# in denominator        659            703            764

# w/Mean BP <130/80
   Controlled
  recorded w/in 1 yr of
  end of time period   211  32.0      220  31.3      222  29.1    -9.1   -7.0

# w/Mean BP >=130/80
   Uncontrolled
  recorded w/in 1 yr of
  end of time period   312  47.3      329  46.8      348  45.5    -3.8   -2.8

# w/Mean Blood Pressure
   undetermined in 1 yr of
  end of time period   136  20.6      154  21.9      194  25.4   +23.3  +16.0
```

*Figure 5-7: Sample Indicator 3B*

## 5.9 Indicator 3C: Reduce Diabetic Complications—Blood Pressure Control

Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:

- The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).

- At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the *GPRA+* user manual.

- The patient must be 19 years old or greater at the beginning of the time period.
- The patient must never have had a creatinine greater than 5.

**Numerators (All)**
For each of the 3 numerators below the last 3 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the time period are used. The mean Systolic value is calculated by adding the last 3 systolic values and dividing by 3. The mean Diastolic value is calculated by adding the diastolic values from the last 3 blood pressures and dividing by 3.

**Numerator 1**
Number of patients with controlled BP. The mean systolic value is less than 130 AND the mean diastolic value is less than 80.

**Numerator 2**
Number of patients with uncontrolled BP. The mean systolic value is 130 or greater and the mean diastolic value is 80 or greater.

**Numerator 3**
Number of patients with undetermined BP control. Number of patients with less than 3 blood pressures documented in the year prior to the end of the time period.

**Note**: A list of all patients in the denominator and their BP status can be obtained upon request.

```
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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 3C:  Diabetes-Reduce Diabetic Complications - BP control
Denominator is all patients with a DM diagnosis ever, who are 19 or older
who had at least 2 diabetes related encounters ever, at least one
encounter in a primary clinic with a primary provider for diabetes,
and an absence of a creatinine value of 5.0 or greater.

Continue the trend of improved glycemic control in the proportion of I/T/U
clients with diagnosed diabetes.

                      BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                      PERIOD        PERIOD          PERIOD         BASE PREV YR
# diagnosed w/diabetes 332            351            373

# w/Mean BP <130/80
   Controlled
  recorded w/in 1 yr of
  end of time period   104  31.3      127  36.2      116  31.1    -0.6  -14.1

# w/Mean BP >=130/80
   Uncontrolled
  recorded w/in 1 yr of
  end of time period   199  59.9      205  58.4      218  58.4    -2.5   +0.0

# w/Mean Blood Pressure
   undetermined in 1 yr of
  end of time period    29   8.7       19   5.4       39  10.5   +20.7  +94.4
```

*Figure 5-8: Sample Indicator 3C*

## 5.10 Indicator 4A: Reduce Diabetic Complications—Dyslipidemia Assessment

Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1).

**Numerator (ALL)**
For each numerator this is a categorical Y/N variable to be reported as the proportion with a Y result. The results of the measurement are not important for this report at this time.

**Numerator 1**
There is evidence of having a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three).

**Numerator 2**
There is evidence of having an LDL and (HDL OR TG)

**Numerator 3**
There is evidence of having TG ONLY or HDL and TG

**Numerator 4**
There is evidence of having an LDL only

**Numerator 5**
None of the above tests were documented.

**Numerator 6**
# of patients with an LDL (Numerator 1 + Numerator 2 + Num 3)

**Numerator 7**
# of patients with LDL Results

**Numerator 8**
# of patients with LDL Results of less than 130

The following taxonomies must be created and populated in order for this data in this indicator to be accurate:

DM AUDIT LDL CHOLESTEROL TAX – must contain all LDL lab tests

DM AUDIT TRIGLYCERIDE TAX – must contain all Tryglyceride tests

DM AUDIT LIPID PROFILE TAX – must contain the Lipid Profile tests

DM AUDIT HDL TAX – must contain the HDL Cholesterol lab tests

The last test done in the year prior to the time period for each of the above listed tests are found. For the following tests, CPT codes are also searched for and used as a hit:

Lipid Profile : 80061

Triglyceride: 84478

LDL: 80061

**Note**: A list of all patients in the denominator and the numerator they fall into is available upon request.

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 4A: Diabetes-Reduce Diabetic Complications-Assessed for Dyslipidemia
Denominator is all patients with a DM diagnosis ever.
Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # diagnosed w/diabetes | 788 | | 851 | | 896 | | | |
| # w/Lipid Profile OR TG & HDL & LDL recorded w/in 1 yr of end of time period | 102 | 12.9 | 160 | 18.8 | 293 | 32.7 | +153.5 | +73.9 |
| # w/LDL & HDL/TG recorded w/in 1 yr of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # w/TG only or HDL & TG in 1 yr of end of time period | 216 | 27.4 | 168 | 19.7 | 83 | 9.3 | -66.1 | -52.8 |
| # w/LDL Only w/in 1 year of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # with No Tests w/in 1 year of end of time perid | 470 | 59.6 | 523 | 61.5 | 520 | 58.0 | -2.7 | -5.7 |
| # w/ LDL done w/in 1 year of end of time period | 102 | 12.9 | 160 | 18.8 | 293 | 32.7 | +153.5 | +73.9 |
| # w/ LDL Results w/in 1 year of end of time period | 92 | 11.7 | 150 | 17.6 | 270 | 30.1 | +157.3 | +71.0 |
| # of patients w/LDL result < 130 w/in 1 year of end of time period | 73 | 9.3 | 115 | 13.5 | 210 | 23.4 | +151.6 | +73.3 |

*Figure 5-9: Sample Indicator 4A*

## 5.11 Indicator 4B: Reduce Diabetic Complications—Dyslipidemia Assessment

Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period.

**Numerator (ALL)**
For each numerator this is a categorical Y/N variable to be reported as the proportion with a Y result. The results of the measurement are not important for this report at this time.

**Numerator 1**
There is evidence of having a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three).

**Numerator 2**
There is evidence of having an LDL and (HDL OR TG)

**Numerator 3**
There is evidence of having TG ONLY or HDL and TG

**Numerator 4**
There is evidence of having an LDL only

**Numerator 5**
None of the above tests were documented.

**Numerator 6**
# of patients with an LDL (Numerator 1 + Numerator 2 + Num 3)

**Numerator 7**
# of patients with LDL Results

**Numerator 8**
# of patients with LDL Results of less than 130

The following taxonomies must be created and populated in order for this data in this indicator to be accurate:

DM AUDIT LDL CHOLESTEROL TAX – must contain all LDL lab tests

DM AUDIT TRIGLYCERIDE TAX – must contain all Tryglyceride tests

DM AUDIT LIPID PROFILE TAX – must contain the Lipid Profile tests

DM AUDIT HDL TAX – must contain the HDL Cholesterol lab tests

The last test done in the year prior to the time period for each of the above listed tests are found. For the following tests, CPT codes are also searched for and used as a hit:

Lipid Profile : 80061

Triglyceride: 84478

LDL: 80061

A list of all patients in the denominator and the numerator they fall into is available upon request.

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 4B: Diabetes-Reduce Diabetic Complications-Assessed for Dyslipidemia
Denominator is all patients with a DM diagnosis ever, with at least 2 visits in the year prior to the end of the time period and the first ever recorded diagnosis of Diabetes > 1year prior to the end of the time period.
Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # diagnosed w/diabetes | 659 | | 703 | | 764 | | | |
| # w/Lipid Profile OR TG & HDL & LDL recorded w/in 1 yr of end of time period | 95 | 14.4 | 139 | 19.8 | 267 | 34.9 | +142.4 | +76.3 |
| # w/LDL & HDL/TG recorded w/in 1 yr of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # w/TG only or HDL & TG in 1 yr of end of time period | 187 | 28.4 | 156 | 22.2 | 75 | 9.8 | -65.5 | -55.9 |
| # w/LDL Only w/in 1 year of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # with No Tests w/in 1 year of end of time perid | 377 | 57.2 | 408 | 58.0 | 422 | 55.2 | -3.5 | -4.8 |
| # w/ LDL done w/in 1 year of end of time period | 161 | 24.4 | 258 | 36.7 | 439 | 57.5 | +135.7 | +56.7 |
| # w/ LDL Results w/in 1 year of end of time period | 145 | 22.0 | 242 | 34.4 | 406 | 53.1 | +141.4 | +54.4 |
| # of patients w/LDL result < 130 w/in 1 year of end of time period | 112 | 17.0 | 184 | 26.2 | 311 | 40.7 | +139.4 | +55.3 |

*Figure 5-10: Sample Indicator 4B*

## 5.12 Indicator 4C: Reduce Diabetic Complications—Dyslipidemia Assessment

Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:

- The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).
- At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the *GPRA+* user manual.
- The patient must be 19 years old or greater at the beginning of the time period.
- The patient must never have had a creatinine greater than 5.

**Numerator (ALL)**
For each numerator this is a categorical Y/N variable to be reported as the proportion with a Y result. The results of the measurement are not important for this report at this time.

**Numerator 1**
There is evidence of having a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three).

**Numerator 2**
There is evidence of having an LDL and (HDL OR TG)

**Numerator 3**
There is evidence of having TG ONLY or HDL and TG

**Numerator 4**
There is evidence of having an LDL only

**Numerator 5**
None of the above tests were documented.

**Numerator 6**
# of patients with an LDL (Numerator 1 + Numerator 2 + Num 3)

**Numerator 7**
# of patients with LDL Results

**Numerator 8**
# of patients with LDL Results of less than 130

The following taxonomies must be created and populated in order for this data in this indicator to be accurate:

- DM AUDIT LDL CHOLESTEROL TAX – must contain all LDL lab tests
- DM AUDIT TRIGLYCERIDE TAX – must contain all Tryglyceride tests
- DM AUDIT LIPID PROFILE TAX – must contain the Lipid Profile tests
- DM AUDIT HDL TAX – must contain the HDL Cholesterol lab tests

The last test done in the year prior to the time period for each of the above listed tests are found. For the following tests, CPT codes are also searched for and used as an indication that the test was done:

- Lipid Profile : 80061
- Triglyceride: 84478
- LDL: 80061

**Note**: A list of all patients in the denominator and which numerator they fall into is available upon request.

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*** IHS GPRA PERFORMANCE INDICATORS ***

CROW HO

Reporting Period: Oct 01, 1999 to Sep 30, 2000

Previous Year Period: Oct 01, 1998 to Sep 30, 1999

Baseline Period: Oct 01, 1997 to Sep 30, 1998

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Indicator 4C: Diabetes-Reduce Diabetic Complications-Assessed for Dyslipidemia

Denominator is all patients with a DM diagnosis ever, who are 19 or older who had at least 2 diabetes related encounters ever, at least one encounter in a primary clinic with a primary provider for diabetes, and an absence of a creatinine value of 5.0 or greater.

Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # diagnosed w/diabetes | 332 | | 351 | | 373 | | | |
| # w/Lipid Profile OR TG & HDL & LDL recorded w/in 1 yr of end of time period | 66 | 19.9 | 119 | 33.9 | 172 | 46.1 | +131.7 | +36.0 |
| # w/LDL & HDL/TG recorded w/in 1 yr of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # w/TG only or HDL & TG in 1 yr of end of time period | 111 | 33.4 | 83 | 23.6 | 42 | 11.3 | -66.2 | -52.1 |
| # w/LDL Only w/in 1 year of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # with No Tests w/in 1 year of end of time perid | 155 | 46.7 | 149 | 42.5 | 159 | 42.6 | -8.8 | +0.2 |
| # w/ LDL done w/in 1 year of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # w/ LDL Results w/in 1 year of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| # of patients w/LDL result < 130 w/in 1 year of end of time period | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | ** | ** |

*Figure 5-11: Sample Indicator 4C*

## 5.13 Indicator 5A: Reduce Diabetic Complications— Nepropathy Assessment

Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1).

**Numerator**
For each numerator this is a categorical Y/N variable to be reported as the proportion with a Y result. The results of the measurement are not important for this report at this time.

Has a positive urine protein value OR has had a microalbumunuria test done. The result of the microalbumunuria test can be positive or negative.

The following taxonomies must be created and populated in order for this data in this indicator to be accurate:

- DM AUDIT URINE PROTEIN TAX— must contain all urine protein tests
- DM AUDIT MICROALBUMUNURIA TAX— must contain all microalbumunuria tests

**Logic used**
The patients' data is searched for the last microalbumunuria test done in the year prior to the end of the time period. If one is found, they are counted in the numerator. If none is found then the last urine protein test done in the year prior to the end of the time period is found. The result of that test is examined. If it meets the following criteria it is assumed to be positive and the patient is counted in the numerator:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is > 29

**Note**: A list of all patients in the denominator and whether or not they were included in the numerator is available upon request.

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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 5A:  Diabetes-Reduce Diabetic Complications - Nephropathy
Assessment
Denominator is all patients with a DM diagnosis ever.
Continue the trend of increasing the proportion of I/T/U clients with
diagnosed
diabetes assessed for nephropathy.

                      BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                      PERIOD        PERIOD          PERIOD         BASE PREV YR
# diagnosed w/diabetes 788            851            896

# w/Positive Urine Val
  recorded w/in 1 yr of
  end of time period    88  11.2      127  14.9      259  28.9  +158.0  +94.0
```

*Figure 5-12: Sample Indicator 5A*

## 5.14 Indicator 5B: Reduce Diabetic Complications— Nepropathy Assessment

Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period.

For each numerator this is a categorical Y/N variable to be reported as the proportion with a Y result. The results of the measurement are not important for this report at this time.

**Numerator**
Has a positive urine protein value OR has had a microalbumunuria test done. The result of the microalbumunuria test can be positive or negative.

The following taxonomies must be created and populated in order for this data in this indicator to be accurate:

- DM AUDIT URINE PROTEIN TAX— must contain all urine protein tests
- DM AUDIT MICROALBUMUNURIA TAX – must contain all microalbumunuria tests

**Logic used**
The patients' data is searched for the last microalbumunuria test done in the year prior to the end of the time period. If one is found, they are counted in the numerator. If none is found then the last urine protein test done in the year prior to the end of the time period is found. The result of that test is examined. If it meets the following criteria it is assumed to be positive and the patient is counted in the numerator:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is > 29

**Note**: A list of all patients in the denominator and whether or not they were included in the numerator is available upon request.

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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                    CROW HO
                   Reporting Period: Oct 01, 1999 to Sep 30, 2000
                Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 5B:  Diabetes-Reduce Diabetic Complications - Nephropathy
Assessment
Denominator is all patients with a DM diagnosis ever, with at least
2 visits in the year prior to the end of the time period and the first
ever recorded diagnosis of Diabetes > 1year prior to the end of the time
period.
Continue the trend of increasing the proportion of I/T/U clients with
diagnosed
diabetes assessed for nephropathy.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD         PERIOD         BASE PREV YR
# diagnosed w/diabetes 659            703            764

# w/Positive Urine Val
  recorded w/in 1 yr of
  end of time period    80  12.1      117  16.6      242  31.7  +162.0  +91.0
```

*Figure 5-13: Sample Indicator 5B*

## 5.15 Indicator 5C: Reduce Diabetic Complications—Nepropathy Assessment

Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.

**Denominator**
All active users diagnosed with diabetes ever (numerator from Indicator #1), plus:

- The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93).

- At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the *GPRA+* user manual.

- The patient must be 19 years old or greater at the beginning of the time period.

- The patient must never have had a creatinine greater than 5

For each numerator this is a categorical Y/N variable to be reported as the proportion with a Y result. The results of the measurement are not important for this report at this time.

**Numerator**
Has a positive urine protein value OR has had a microalbumunuria test done. The result of the microalbumunuria test can be positive or negative.

The following taxonomies must be created and populated in order for this data in this indicator to be accurate:

- DM AUDIT URINE PROTEIN TAX— must contain all urine protein tests
- DM AUDIT MICROALBUMUNURIA TAX— must contain all microalbumunuria tests

**Logic Used**
The patients' data is searched for the last microalbumunuria test done in the year prior to the end of the time period. If one is found, they are counted in the numerator. If none is found then the last urine protein test done in the year prior to the end of the time period is found. The result of that test is examined. If it meets the following criteria it is assumed to be positive and the patient is counted in the numerator:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is > 29

**Note**: A list of all patients in the denominator and whether or not they were included in the numerator is available upon request.

```
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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 5C:  Diabetes-Reduce Diabetic Complications - Nephropathy
Assessment
Denominator is all patients with a DM diagnosis ever, who are 19 or older
who had at least 2 diabetes related encounters ever, at least one
encounter in a primary clinic with a primary provider for diabetes,
and an absence of a creatinine value of 5.0 or greater.
Continue the trend of increasing the proportion of I/T/U clients with
diagnosed
diabetes assessed for nephropathy.

                      BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                      PERIOD        PERIOD          PERIOD         BASE PREV YR
# diagnosed w/diabetes 332            351            373

# w/Positive Urine Val
  recorded w/in 1 yr of
  end of time period    65  19.6      114  32.5      171  45.8  +133.7  +40.9
```

*Figure 5-14: Sample Indicator 5C*

## 5.16 Indicator 6: Reduce Cervical Cancer Mortality— Pap Smear

Increase the proportion of women ages 18 to 70 years old who had a Pap Smear in the one or three years prior to the end of the time period.

**Denominator**
All females in the active population between the ages of 18 and 70 without a documented history of Hysterectomy

**Numerator**
All females included in the denominator who had a Pap Smear in the year prior to the end of the time period.

When determining if a patient has a history of hysterectomy the V Procedure file is searched for any procedure of 68.3, 68.4, 68.5, 68.6, 68.7 or 68.9.

A Pap Smear is searched for in the following way:

- V Lab is checked for a lab test called PAP SMEAR
- Purpose of Visits are checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX

- Purpose of Visits are checked for a Diagnosis of V72.3 - GYNECOLOGIC EXAMINATION
- Procedures are checked for a procedure of 91.46
- V CPT is checked for the following CPT codes:
  - 88141-88150
  - 88152-88158
  - 88164-88167

- The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.

> **Note**: A list of all women ages 18-70 and the date of their last pap smear in the year prior to the end of the time period is available upon request.

```
LAB                                Mar 25, 2002                          Page 21

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 6:  Women's Health-Reduce Cervical Cancer Mortality

Denominator is all female patients ages 18-70 w/o History of Hysterectomy.
Increase the proportion of women 18-70 years old, who have had a Pap Smear
in the year prior to the end of the time period.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# Women 18-70 yrs     2,429          2,501          2,578

# w/Pap Smear recorded
  w/in 1 yr of
  end of time period   523  21.5      566  22.6      517  20.1    -6.5  -11.1
```

*Figure 5-15: Sample Indicator 6*

## 5.17 Indicator 6A: Reduce Cervical Cancer Mortality

Increase the proportion of women ages 18 to 70 years old who had a Pap Smear in the one or three years prior to the end of the time period.

**Denominator**
All females in the active population between the ages of 18 and 70 without a documented history of Hysterectomy

**Numerator**
All females included in the denominator who had a Pap Smear in the three years prior to the end of the time period.

When determining if a patient has a history of hysterectomy the V Procedure file is searched for any procedure of 68.3, 68.4, 68.5, 68.6, 68.7 or 68.9.

A pap smear is searched for in the following way:

- V Lab is checked for a lab test called PAP SMEAR
- Purpose of Visits are checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX
- Purpose of Visits are checked for a Diagnosis of V72.3 - GYNECOLOGIC EXAMINATION
- Procedures are checked for a procedure of 91.46
- V CPT is checked for the following CPT codes:
    - 88141-88150
    - 88152-88158
    - 88164-88167
- The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.

> **Note**: A list of all women 18-70 years old and the date of their last pap smear in the 3 years prior to the end of the time period is available upon request.

```
LAB                                Mar 25, 2002                          Page 22

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
------------------------------------------------------------------------------
Indicator 6A:  Women's Health-Reduce Cervical Cancer Mortality

Denominator is all female patients ages 18-70 w/o History of Hysterectomy.
Increase the proportion of women 18-70 years old, who have had a Pap Smear
in the 3 years prior to the end of the time period.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# Women 18-70 yrs     2,429          2,501          2,578

# w/Pap Smear recorded
  w/in 3 yr of
  end of time period   961  39.6      967  38.7      976  37.9    -4.3   -2.1
```

*Figure 5-16: Sample Indicator 6A*

## 5.18 Indicator 7: Reduce Breast Cancer Mortality—Mammogram

Increase the proportion of AI/AN women ages 40 to 69 years old who had a Screening Mammography in the two years prior to the end of the time period.

**Denominator**
All females in the active population between the ages of 40 and 69 years.

**Numerator**
All females included in the denominator who had a Mammogram documented in the two years prior to the end of the time period.

A Screening Mammogram is searched for in the following way:

- V Radiology is checked for a procedure of:
  - 76090 – Mammogram; unilateral
  - 76091 – Mammogram; bilateral
  - 76092 – Mammogram; screening

- Purpose of Visits are checked for a Diagnosis of:
  - V76.11 – screening mammogram for high risk patient
  - V76.12 – other screening mammogram

- Procedures are checked for a procedure of:
  - 87.37 – Other Mammography
  - 87.36 – Xerography of breast
  - 87.35 soft tissue X-ray of thorax, contrast radiogram of mammary ducts

- V CPT file is checked for CPT codes:
  - 76090
  - 76091
  - 76092

- The Women's Health Tracking package is checked for documentation of one of the following procedures: SCREENING MAMMOGRAM, MAMMOGRAM DX BILAT, MAMMOGRAM DX UNILAT

A list of all women ages 40-69 and the date of their last mammogram in the past 2 years is available upon request.

```
LAB                                Mar 25, 2002                          Page 23

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 7:  Women's Health-Reduce Breast Cancer Mortality

Denominator is all female patients ages 40-69.
Increase the proportion of women 40-69 years old, who have had a Mammogram
in 2 years prior to the end of the time period.

                      BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD         PERIOD          PERIOD         BASE PREV YR
# Women 40-69 yrs       959           1,007          1,051

# Mammogram Done
  w/in 2 yrs of
  end of time period    55   5.7       145  14.4      236  22.5  +294.7  +56.3
```

*Figure 5-17: Sample Indicator 7*

## 5.19 Indicator 8: Well Child Visits

Increase the proportion of AI/AN children served by HIS receiving a minimum of four Well Child Visits by 27 months of age.

**Denominator**
All patients in the active user population who turned 27 months old during the time period.

**Numerator**
The number of patients in the denominator who had 4 or more Well Child visits by their 27-month birthday.

Well child visits are defined as:

- Any visit to clinic 24 – Well Child, 27 – General Preventive, or 57 – EPSDT
- Any visit with a diagnosis of V20.1 or V20.2, regardless of clinic type.

DNKA visits to the above mentioned clinics, if recorded in PCC, are excluded.

> **Note**: A list of all children who turned 27 months during the time period and the number of visits they by their 27 month birthday is available upon to request.

```
LAB                                Mar 25, 2002                          Page 24

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 8:  Child Health

Denominator is all children who turned 27 months old during the time period.
Increase the proportion of AI/AN children served by IHS receiving a minimum
of four Well Child Visits by 27 months of age.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# Children 27 months
   of age              204            217            221

# with at least 4 Well
  Child visits by the
  end of time period   133  65.2      160  73.7      147  66.5    +2.0   -9.8
```

*Figure 5-18: Sample Indicator 8*

## 5.20 Indicator 12: Access to Dental Services

Increase the proportion of AI/AN population who obtain access to dental services.

**Denominator**
All patients in the active user population.

**Numerator**
The number of patients in the denominator who had a dental ADA code 0000 documented.

The V Dental file in PCC is searched for an ADA code of 0000.

> **Note**: A list of all active users and whether they had an ADA code 0000 recorded is available upon request.

```
LAB                                Mar 25, 2002                          Page 25

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 12:  Oral Health - Improve Oral Health Status

Denominator is all patients in the active user population selected.
Increase the proportion of the AI/AN population who obtain access to dental
services.

                      BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                      PERIOD        PERIOD          PERIOD         BASE PREV YR
# Active Users         8,777          8,953          9,117

# With ADA Code 0000
  documented by the
  end of time period 3,221  36.7    3,261  36.4    3,411  37.4    +1.9   +2.7
```

*Figure 5-19: Sample Indicator 12*

## 5.21 Indicator 13: Dental Sealants

Increase the percent of AI/AN children 6-8 and 14-15 years old who have received protective dental sealants on permanent molar teeth.

**Denominator**
All patients in the active user population who were ages 6-8 or 14-15 at the beginning of the time period.

**Numerator**
The number of patients in the denominator who had a dental sealant (code IH73 or 1351) on the following teeth: 2, 3, 4, 15, 18, 19, 30, 31.

BGP DENTAL SEALANT OP SITES taxonomy of dental operative sites must be populated by the site. This taxonomy should contain all dental operative sites that refer to teeth 2, 3, 4, 15, 18, 19, 30, and 31. This taxonomy is called BGP DENTAL SEALANT OP SITES.

The V Dental file in PCC is searched for any documented ADA code IH73 or an ADA code of 1351. If a 1351 is found the operative site is checked to make sure it matches one of the operative sites in the above mentioned taxonomy.

> **Note**: A list of all active users ages 6-8 or 14-15 and whether they had dental sealants documented.

```
LAB                                Mar 25, 2002                          Page 26

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 13:  Oral Health - Reduce Children's Dental Decay

Denominator is all patients in the active user population ages 6-8 years
old and ages 14-15 years old
Increase the percent of AI/AN children 6-8 and 14-15 years who have
received protective dental sealants on permanent molar teeth.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# Active Users
   aged 6-8 yrs        686            652            615

# Dental Sealant
  documented by the
  end of time period   413  60.2      390  59.8      382  62.1    +3.2   +3.8


# Active Users
   aged 14-15 yrs      384            435            402

# Dental Sealant
  documented by the
  end of time period   304  79.2      352  80.9      332  82.6    +4.3   +2.1
```

*Figure 5-20: Sample Indicator 13*

## 5.22 Indicator 14: Improve Oral Health Status of Patients with Diabetes

Increase the proportion of AI/AN population diagnosed with diabetes who obtain access to dental services who obtain access to dental services.

**Denominator**
All patients in the active user population diagnosed with diabetes as defined in Indicator #1 (at least one diagnosis of diabetes ever).

**Numerator**
The number of patients in the denominator who had a dental ADA code 0000 documented.

The V Dental file in PCC is searched for an ADA code of 0000.

> **Note**: A list of all active users diagnosed with diabetes and whether they had an ADA code 0000 recorded is available upon request.

## 5.23 Indicator 22: Public Health Nursing

Increase the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and increase the number of home visits.

A PHN visit is defined as any visit on which the primary of secondary provider has a provider discipline of 13 or 32.

Visits in any setting include all PHN visits.

Visits in the home setting include any visit with a clinic code of 11 or a location of encounter of HOME (the location used for HOME is entered by the user).

**Denominator**
All patients in the active user population

**Numerator 1**
The number of patients in the denominator served by PHN's in any setting

**Numerator 2**
The number of patients in the denominator served by PHN's in a home setting

**Numerator 3**
The number of visits by PHN's in any setting

**Numerator 4**
The number of visits by PHN's in a Home setting

**Numerator 5**
The number of PHN Visits in any setting for patients 0-28 days old (Neonate)

**Numerator 6**
The number of PHN visits in any setting for patients 28 days – 12 months (Infants)

**Numerator 7**
The number of PHN visits in any setting for patients 1-64 years old

**Numerator 8**
The number of PHN visits in any setting for patients aged 65 and over (Elders)

**Numerator 9**
The number of PHN Visits in a HOME setting for patients 0-28 days old (Neonate)

**Numerator 10**
The number of PHN visits in a HOME setting for patients 28 days – 12 months (Infants)

**Numerator 11**
The number of PHN visits in a HOME setting for patients 1-64 years old

**Numerator 12**
The number of PHN visits in a HOME setting for patients aged 65 and over (Elders)

Also provided is a list of the top ten diagnoses for All PHN visits and for HOME PHN visits. Both primary and secondary diagnoses are used when tallying the top diagnoses.

> **Note**: A list of all active patients in the denominator and the number of PHN visits they had is available upon request.

```
LAB                                Mar 25, 2002                          Page 28

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 22:  Public Health Nursing
Demonimator is ALL active users.
Increase the total number of Public Health Nursing services (both primary
and secondary treatment and preventive services) provided to individuals
in all settings and the total number of home visits.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# active users        8,777          8,953          9,117

# of persons served by PHN's

  in any setting     2,183  24.9    2,651  29.6    2,887  31.7   +27.3   +7.1

# of persons served by PHN's
  in a home setting    598   6.8      711   7.9      671   7.4    +8.8   -6.3

# of PHN Visits -
   any Setting       4,354           5,692          5,693        30.8    0.0

# of PHN Visits -
   in a Home Setting 1,221           1,484          1,323         8.4  -10.8

# of PHN Visits -
   any Setting
  Neonate 0-28 days     96             117            173        80.2   47.9

# of PHN Visits -
   any Setting
  Infants 28d - 12m    234             289            253         8.1  -12.5

# of PHN Visits -
   any Setting
```

```
  Pats 1-64 yrs      3,888          5,043          5,104        31.3    1.2

# of PHN Visits -
   any Setting
  Elders >65 yrs old   136            243            163        19.9  -32.9

# of PHN Visits -
   in Home Setting
  Neonate 0-28 days     72             91            123        70.8   35.2

# of PHN Visits -
   in Home Setting
  Infants 28d - 12m    130            172            129        -0.8  -25.0

# of PHN Visits -
   in Home Setting
  Pats 1-64 yrs        943          1,124            970         2.9  -13.7

# of PHN Visits -
   in Home Setting
  Elders >65 yrs old    76             97            101        32.9    4.1
```

```
LAB                                Mar 25, 2002                        Page 30

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                   Reporting Period: Oct 01, 1999 to Sep 30, 2000
                Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 24:   Public Health Nursing
Demonimator is ALL MALE active users.
Increase the total number of Public Health Nursing services (both primary
and secondary treatment and preventive services) provided to individuals
in all settings and the total number of home visits.

                    BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                    PERIOD        PERIOD          PERIOD         BASE PREV YR
# active users          4,100          4,188          4,265

# of Males served by PHN's
  in any setting       941  23.0    1,197  28.6    1,298  30.4   +32.2   +6.3

# of Males served by PHN's
  in a home setting    239   5.8      294   7.0      285   6.7   +15.5   -4.3

# of PHN Visits by Males -
   any Setting       1,790          2,395          2,478        38.4    3.5

# of PHN Visits by Males -
   in a Home Setting   461            579            570        23.6   -1.6

# of PHN Visits by Males -
   any Setting
```

```
  Neonate 0-28 days     49              68              78         59.2   14.7

# of PHN Visits by Males -
   any Setting
  Infants 28d - 12m     90             107             121         34.4   13.1

# of PHN Visits by Males -
   any Setting
  Pats 1-64 yrs      1,594           2,129           2,182         36.9    2.5

# of PHN Visits by Males -
   any Setting
  Elders >65 yrs old       57              91              97         70.2
6.6

# of PHN Visits by Males -
   in Home Setting
  Neonate 0-28 days     36              50              48         33.3   -4.0

# of PHN Visits by Males -
   in Home Setting
  Infants 28d - 12m     44              55              54         22.7   -1.8

# of PHN Visits by Males -
   in Home Setting
  Pats 1-64 yrs        350             438             400         14.3   -8.7

# of PHN Visits by Males -
   in Home Setting
  Elders >65 yrs old    31              36              68       1190.3 1011.1
```

```
LAB                                Mar 25, 2002                        Page 32

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 24:   Public Health Nursing
Demonimator is ALL FEMALE active users.
Increase the total number of Public Health Nursing services (both primary
and secondary treatment and preventive services) provided to individuals
in all settings and the total number of home visits.


                    BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                    PERIOD        PERIOD          PERIOD         BASE PREV YR
# active users       4,677          4,765          4,852

# of Females served by PHN's
  in any setting     1,242  26.6    1,454  30.5    1,589  32.7   +22.9   +7.2

# of Females served by PHN's
```

```
  in a home setting    359   7.7      417   8.8      386   8.0    +3.9   -9.1

# of PHN Visits by Females -
   any Setting       2,564           3,297          3,215        25.4   -2.5

# of PHN Visits by Females -
   in a Home Setting   760             905            753        -0.9  -16.8

# of PHN Visits by Females -
   any Setting
  Neonate 0-28 days     47              49             95       102.1   93.9

# of PHN Visits by Females -
   any Setting
  Infants 28d - 12m    144             182            132        -8.3  -27.5

# of PHN Visits by Females -
   any Setting
  Pats 1-64 yrs      2,294           2,914          2,922        27.4    0.3

# of PHN Visits by Females -
   any Setting
  Elders >65 yrs old    79             152             66       -16.5  -56.6

# of PHN Visits by Females -
   in Home Setting
  Neonate 0-28 days        36              41             75       108.3
82.9

# of PHN Visits by Females -
   in Home Setting
  Infants 28d - 12m     86             117             75       -12.8  -35.9

# of PHN Visits by Females -
   in Home Setting
  Pats 1-64 yrs        593             686            570        -3.9  -16.9

# of PHN Visits by Females -
   in Home Setting
  Elders >65 yrs old    45              61             33      1166.7 834.4
```

```
LAB                                Mar 25, 2002                        Page 34

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
                Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 22:  Public Health Nursing - TOP TEN PRIMARY DIAGNOSES
ALL PHN VISITS BASELINE PERIOD

                                            BASE
 DX     ICD NARRATIVE                       PERIOD     %
```

| -- | ---------- | -------- | ----- |
|---|---|---|---|
| V07.9 | PROPHYLACTIC MEASURE NOS | 1,577 | 36.2 |
| V65.49 | COUNSELING,NEC | 699 | 16.1 |
| V22.1 | SUPERVIS OTH NORMAL PREG | 405 | 9.3 |
| V20.2 | ROUTINE CHILD HEALTH EXAM | 209 | 4.8 |
| V68.89 | ADMINISTRTVE ENCOUNT NEC | 205 | 4.7 |
| V70.9 | GENERAL MEDICAL EXAM NOS | 178 | 4.1 |
| V24.2 | ROUT POSTPART FOLLOW-UP | 129 | 3.0 |
| 250.00 | DM UNCOMPL/T-II/NIDDM,NS UNCON | 115 | 2.6 |
| V68.9 | ADMINISTRTVE ENCOUNT NOS | 114 | 2.6 |
| V72.6 | LABORATORY EXAMINATION | 84 | 1.9 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
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Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 22: Public Health Nursing - TOP TEN PRIMARY DIAGNOSES
ALL PHN VISITS PREVIOUS PERIOD

| DX | ICD NARRATIVE | PREVIOUS PERIOD | % |
|---|---|---|---|
| V65.49 | COUNSELING,NEC | 1,367 | 24.0 |
| V68.89 | ADMINISTRTVE ENCOUNT NEC | 975 | 17.1 |
| V07.9 | PROPHYLACTIC MEASURE NOS | 810 | 14.2 |
| V68.9 | ADMINISTRTVE ENCOUNT NOS | 504 | 8.9 |
| V22.1 | SUPERVIS OTH NORMAL PREG | 391 | 6.9 |
| V65.40 | COUNSELING,NOS | 282 | 5.0 |
| V20.2 | ROUTINE CHILD HEALTH EXAM | 194 | 3.4 |
| V70.3 | MED EXAM NEC-ADMIN PURP | 190 | 3.3 |
| V74.1 | SCREENING-PULMONARY TB | 163 | 2.9 |
| V04.8 | VACCIN FOR INFLUENZA | 131 | 2.3 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 22: Public Health Nursing - TOP TEN PRIMARY DIAGNOSES
ALL PHN VISITS REPORTING PERIOD

| DX | ICD NARRATIVE | REPORT PERIOD | % |
|---|---|---|---|
| V65.49 | COUNSELING,NEC | 2,481 | 43.6 |

| | | | |
|---|---|---|---|
| V68.89 | ADMINISTRTVE ENCOUNT NEC | 885 | 15.5 |
| V07.9 | PROPHYLACTIC MEASURE NOS | 588 | 10.3 |
| V22.1 | SUPERVIS OTH NORMAL PREG | 317 | 5.6 |
| V68.9 | ADMINISTRTVE ENCOUNT NOS | 303 | 5.3 |
| V04.8 | VACCIN FOR INFLUENZA | 279 | 4.9 |
| V20.2 | ROUTINE CHILD HEALTH EXAM | 155 | 2.7 |
| V24.2 | ROUT POSTPART FOLLOW-UP | 143 | 2.5 |
| V07.2 | PROPHYLACT IMMUNOTHERAPY | 78 | 1.4 |
| 079.98 | CHLAMYDIAL INFECTION,NOS | 68 | 1.2 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
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Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 22: Public Health Nursing - TOP TEN PRIMARY DIAGNOSES
PHN HOME VISITS BASELINE PERIOD

| DX | ICD NARRATIVE | BASE PERIOD | % |
|---|---|---|---|
| V65.49 | COUNSELING,NEC | 270 | 22.1 |
| V22.1 | SUPERVIS OTH NORMAL PREG | 210 | 17.2 |
| V20.2 | ROUTINE CHILD HEALTH EXAM | 124 | 10.2 |
| V24.2 | ROUT POSTPART FOLLOW-UP | 114 | 9.3 |
| V68.89 | ADMINISTRTVE ENCOUNT NEC | 94 | 7.7 |
| V07.9 | PROPHYLACTIC MEASURE NOS | 68 | 5.6 |
| 250.00 | DM UNCOMPL/T-II/NIDDM,NS UNCON | 55 | 4.5 |
| V65.9 | REASON FOR CONSULT NOS | 35 | 2.9 |
| 099.9 | VENEREAL DISEASE NOS | 20 | 1.6 |
| V68.81 | REFERRAL-NO EXAM/TREAT | 15 | 1.2 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 22: Public Health Nursing - TOP TEN PRIMARY DIAGNOSES
PHN HOME VISITS PREVIOUS PERIOD

| DX | ICD NARRATIVE | PREVIOUS PERIOD | % |
|---|---|---|---|
| V68.89 | ADMINISTRTVE ENCOUNT NEC | 248 | 16.7 |
| V65.49 | COUNSELING,NEC | 190 | 12.8 |
| V22.1 | SUPERVIS OTH NORMAL PREG | 153 | 10.3 |

```
V20.2   ROUTINE CHILD HEALTH EXAM              151    10.2
V24.2   ROUT POSTPART FOLLOW-UP                116     7.8
V65.40  COUNSELING,NOS                         103     6.9
V01.6   VENEREAL DIS CONTACT                    77     5.2
099.9   VENEREAL DISEASE NOS                    49     3.3
250.00  DM UNCOMPL/T-II/NIDDM,NS UNCON          38     2.6
V58.3   ATTEN-SURG DRESSNG/SUTUR                38     2.6
```

```
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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                   Reporting Period: Oct 01, 1999 to Sep 30, 2000
                Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 22:  Public Health Nursing - TOP TEN PRIMARY DIAGNOSES
PHN HOME VISITS REPORTING PERIOD

                                          REPORT
 DX     ICD NARRATIVE                     PERIOD     %
 --     --------------------------------- --------  -----
V65.49  COUNSELING,NEC                        384    29.0
V68.89  ADMINISTRTVE ENCOUNT NEC              154    11.6
V20.2   ROUTINE CHILD HEALTH EXAM              134    10.1
V24.2   ROUT POSTPART FOLLOW-UP               131     9.9
V22.1   SUPERVIS OTH NORMAL PREG                99     7.5
V68.9   ADMINISTRTVE ENCOUNT NOS               75     5.7
V04.8   VACCIN FOR INFLUENZA                   37     2.8
V07.9   PROPHYLACTIC MEASURE NOS               35     2.6
079.98  CHLAMYDIAL INFECTION,NOS               29     2.2
V74.1   SCREENING-PULMONARY TB                 26     2.0
```

*Figure 5-21: Sample Indicator 22*

## 5.24 Indicator 23: Immunizations

Reduce the incidence of preventable disease. Increase the proportion of AI/AN children who have completed all recommended immunizations for age 27 months.

**Denominator**
All patients in the active user population who turned 27 months old in the year prior to the end of the time frame.

**Numerator**
The number of patients in the denominator who had no immunizations due on their 27-month birthday.

The immunization package forecaster is called for each patient. If the forecaster returns the string "No immunizations due" the patient is counted in the numerator.

**Note**: A list of all children who turned 27 months during the time period and the results of the forecaster call is available upon request.

```
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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
                Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
------------------------------------------------------------------------------
Indicator 23:  Child Health Immunizations

Denominator is all children who turned 27 months old during the time period.
Increase the proportion of AI/AN children who have completed all recommended
immunizations for ages 27 months.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# Children 27 months
   of age              204            217            221

# with current immunization
  status                 0   0.0        0   0.0        0   0.0      **     **
```

*Figure 5-22: Sample Indicator 23*

## 5.25 Indicator 24: Adult Immunizations

Increase the pneumococcal and influenza vaccination levels among adults ages 65 years and older and among adult diabetics.

**Denominator**

**Denominator 1**
All patients who were age 65 or older at the beginning of the time period.

**Denominator 2**
All patients who were age 18 or older at the beginning of the time period and who were diagnosed with diabetes (see Indicator #1).

**Numerator 1**
The number of patients in the denominator with pneumovax documented anytime before the end of the time period.

Immunization code 33 - PNEUMOCOCCAL POLYSACCARIDE VACCINE

**Numerator 2**
The number of patients in the denominator with Influenza vaccine documented in the year prior to the end of the time period.

- Immunization code 88 - INFLUENZA VIRUS VACCINE, NOS
- POV of V04.8 or V06.6
- CPT Codes: 90657-90660
- ICD Procedure code: 99.52

A list of all patients in the denominator and their immunization status (for these 2 immunizations) is available upon request.

```
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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
                Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 24:  Adult Immunizations-Pneumovax and Flu Vaccine in Diabetics

Denominator is all patients in the active user population diagnoses with
diabetes (Indicator 1) who are aged 65 or older at the beginning of the
time period.
Increase pneumoccal and influenza vaccination levels among adult diabetics
65 years of age and older.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# Active Users
   65 and over
   with Diabetes       137            147            157

# With Pneumovax
  documented by the
  end of time period   107  78.1      118  80.3      134  85.4    +9.3   +6.4

# With Flu Vaccine
  documented by the
  end of time period    55  40.1       77  52.4       89  56.7   +41.4   +8.2
```

*Figure 5-23: Sample Indicator 24*

## 5.26 Indicator 29: Obesity

Reduce Childhood obesity rates by maintaining ongoing Area Age-Specific body mass index (BMI) assessments in AI/AN children.

Calculate Ages 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-73, >74 Both Gender

**Denominator**
All active patients 2 – 74 years

**Numerator #1**
those for whom a BMI could be calculated

**Numerator #2**
For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

**Numerator #3**
For those with a BMI calculated, those considered overweight using BMI and standard BMI tables.

Data for each of the age groups listed of above is displayed.

> **Note**: A list of all patients who are overweight or obese can be obtained upon request.

```
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                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
              Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 29:  Child Obesity

Denominator is all active users
                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD         PERIOD         BASE PREV YR
# 2-5 yr olds          790            810            845
# w/ BMI calculated    328  41.5      359  44.3      342  40.5    -2.4   -8.6
# obese                 72  22.0       80  22.3       98  28.7   +30.5  +28.7
# overweight           125  38.1      152  42.3      179  52.3   +37.3  +23.6

# FEMALE 2-5 yr olds   412            420            444
# w/ BMI calculated    178  43.2      188  44.8      192  43.2    +0.0   -3.6
# obese                 39  21.9       39  20.7       55  28.6   +30.6  +38.2
# overweight            73  41.0       75  39.9      106  55.2   +34.6  +38.3

# MALE 2-5 yr olds     378            390            401
# w/ BMI calculated    150  39.7      171  43.8      150  37.4    -5.8  -14.6
# obese                 33  22.0       41  24.0       43  28.7   +30.5  +19.6
# overweight            52  34.7       77  45.0       73  48.7   +40.3   +8.2
```

```
LAB                                Mar 25, 2002                          Page 43

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
              Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 29:  Child Obesity
```

Denominator is all active users

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # 6-11 yr olds | 1,138 | | 1,124 | | 1,085 | | | |
| # w/ BMI calculated | 298 | 26.2 | 221 | 19.7 | 222 | 20.5 | -21.8 | +4.1 |
| # obese | 78 | 26.2 | 60 | 27.1 | 66 | 29.7 | +13.4 | +9.6 |
| # overweight | 123 | 41.3 | 93 | 42.1 | 110 | 49.5 | +19.9 | +17.6 |
| # FEMALE 6-11 yr olds | 607 | | 587 | | 570 | | | |
| # w/ BMI calculated | 161 | 26.5 | 104 | 17.7 | 111 | 19.5 | -26.4 | +10.2 |
| # obese | 33 | 20.5 | 22 | 21.2 | 20 | 18.0 | -12.2 | -15.1 |
| # overweight | 59 | 36.6 | 40 | 38.5 | 47 | 42.3 | +15.6 | +9.9 |
| # MALE 6-11 yr olds | 531 | | 537 | | 515 | | | |
| # w/ BMI calculated | 137 | 25.8 | 117 | 21.8 | 111 | 21.6 | -16.3 | -0.9 |
| # obese | 45 | 32.8 | 38 | 32.5 | 46 | 41.4 | +26.2 | +27.4 |
| # overweight | 64 | 46.7 | 53 | 45.3 | 63 | 56.8 | +21.6 | +25.4 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
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---

Indicator 29: Child Obesity

Denominator is all active users

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # 12-19 yr olds | 1,504 | | 1,588 | | 1,639 | | | |
| # w/ BMI calculated | 592 | 39.4 | 539 | 33.9 | 484 | 29.5 | -25.1 | -13.0 |
| # obese | 131 | 22.1 | 121 | 22.4 | 106 | 21.9 | -0.9 | -2.2 |
| # overweight | 251 | 42.4 | 220 | 40.8 | 210 | 43.4 | +2.4 | +6.4 |
| # FEMALE 12-19 yr olds | 762 | | 813 | | 852 | | | |
| # w/ BMI calculated | 310 | 40.7 | 293 | 36.0 | 255 | 29.9 | -26.5 | -16.9 |
| # obese | 63 | 20.3 | 59 | 20.1 | 45 | 17.6 | -13.3 | -12.4 |
| # overweight | 132 | 42.6 | 117 | 39.9 | 109 | 42.7 | +0.2 | +7.0 |
| # MALE 12-19 yr olds | 742 | | 775 | | 787 | | | |
| # w/ BMI calculated | 282 | 38.0 | 246 | 31.7 | 229 | 29.1 | -23.4 | -8.2 |
| # obese | 68 | 24.1 | 62 | 25.2 | 61 | 26.6 | +10.4 | +5.6 |
| # overweight | 119 | 42.2 | 103 | 41.9 | 101 | 44.1 | +4.5 | +5.3 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999

Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 29: Child Obesity

Denominator is all active users

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # 20-24 yr olds | 807 | | 824 | | 834 | | | |
| # w/ BMI calculated | 184 | 22.8 | 164 | 19.9 | 150 | 18.0 | -21.1 | -9.5 |
| # obese | 71 | 38.6 | 65 | 39.6 | 63 | 42.0 | +8.8 | +6.1 |
| # overweight | 128 | 69.6 | 120 | 73.2 | 110 | 73.3 | +5.3 | +0.1 |
| # FEMALE 20-24 yr olds | 409 | | 421 | | 430 | | | |
| # w/ BMI calculated | 96 | 23.5 | 83 | 19.7 | 81 | 18.8 | -20.0 | -4.6 |
| # obese | 32 | 33.3 | 35 | 42.2 | 34 | 42.0 | +26.1 | -0.5 |
| # overweight | 69 | 71.9 | 62 | 74.7 | 59 | 72.8 | +1.3 | -2.5 |
| # MALE 20-24 yr olds | 398 | | 403 | | 404 | | | |
| # w/ BMI calculated | 88 | 22.1 | 81 | 20.1 | 69 | 17.1 | -22.6 | -14.9 |
| # obese | 39 | 44.3 | 30 | 37.0 | 29 | 42.0 | -5.2 | +13.5 |
| # overweight | 59 | 67.0 | 58 | 71.6 | 51 | 73.9 | +10.3 | +3.2 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 29: Child Obesity

Denominator is all active users

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # 25-34 yr olds | 1,244 | | 1,245 | | 1,254 | | | |
| # w/ BMI calculated | 577 | 46.4 | 523 | 42.0 | 518 | 41.3 | -11.0 | -1.7 |
| # obese | 283 | 49.0 | 269 | 51.4 | 267 | 51.5 | +5.1 | +0.2 |
| # overweight | 475 | 82.3 | 435 | 83.2 | 432 | 83.4 | +1.3 | +0.2 |
| # FEMALE 25-34 yr olds | 704 | | 697 | | 693 | | | |
| # w/ BMI calculated | 341 | 48.4 | 308 | 44.2 | 299 | 43.1 | -11.0 | -2.5 |
| # obese | 167 | 49.0 | 155 | 50.3 | 150 | 50.2 | +2.4 | -0.2 |
| # overweight | 276 | 80.9 | 253 | 82.1 | 251 | 83.9 | +3.7 | +2.2 |
| # MALE 25-34 yr olds | 540 | | 548 | | 561 | | | |
| # w/ BMI calculated | 236 | 43.7 | 215 | 39.2 | 219 | 39.0 | -10.8 | -0.5 |
| # obese | 116 | 49.2 | 114 | 53.0 | 117 | 53.4 | +8.5 | +0.8 |
| # overweight | 199 | 84.3 | 182 | 84.7 | 181 | 82.6 | -2.0 | -2.5 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO

Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
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Indicator 29: Child Obesity

Denominator is all active users

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # 35-44 yr olds | 1,144 | | 1,199 | | 1,233 | | | |
| # w/ BMI calculated | 577 | 50.4 | 588 | 49.0 | 635 | 51.5 | +2.2 | +5.1 |
| # obese | 269 | 46.6 | 293 | 49.8 | 341 | 53.7 | +15.2 | +7.8 |
| # overweight | 485 | 84.1 | 493 | 83.8 | 533 | 83.9 | -0.2 | +0.1 |
| # FEMALE 35-44 yr olds | 621 | | 661 | | 679 | | | |
| # w/ BMI calculated | 334 | 53.8 | 345 | 52.2 | 362 | 53.3 | -0.9 | +2.1 |
| # obese | 156 | 46.7 | 172 | 49.9 | 202 | 55.8 | +19.5 | +11.8 |
| # overweight | 276 | 82.6 | 290 | 84.1 | 306 | 84.5 | +2.3 | +0.5 |
| # MALE 35-44 yr olds | 523 | | 538 | | 554 | | | |
| # w/ BMI calculated | 243 | 46.5 | 243 | 45.2 | 273 | 49.3 | +6.0 | +9.1 |
| # obese | 113 | 46.5 | 121 | 49.8 | 139 | 50.9 | +9.5 | +2.2 |
| # overweight | 209 | 86.0 | 203 | 83.5 | 227 | 83.2 | -3.3 | -0.4 |



*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
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Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 29: Child Obesity

Denominator is all active users

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # 45-54 yr olds | 791 | | 820 | | 864 | | | |
| # w/ BMI calculated | 432 | 54.6 | 452 | 55.1 | 477 | 55.2 | +1.1 | +0.2 |
| # obese | 253 | 58.6 | 270 | 59.7 | 281 | 58.9 | +0.5 | -1.3 |
| # overweight | 379 | 87.7 | 396 | 87.6 | 414 | 86.8 | -1.0 | -0.9 |
| # FEMALE 45-54 yr olds | 434 | | 454 | | 468 | | | |
| # w/ BMI calculated | 245 | 56.5 | 263 | 57.9 | 269 | 57.5 | +1.8 | -0.7 |
| # obese | 141 | 57.6 | 156 | 59.3 | 157 | 58.4 | +1.4 | -1.5 |
| # overweight | 217 | 88.6 | 232 | 88.2 | 233 | 86.6 | -2.3 | -1.8 |
| # MALE 45-54 yr olds | 357 | | 366 | | 396 | | | |
| # w/ BMI calculated | 187 | 52.4 | 189 | 51.6 | 208 | 52.5 | +0.2 | +1.7 |
| # obese | 112 | 59.9 | 114 | 60.3 | 124 | 59.6 | -0.5 | -1.2 |
| # overweight | 162 | 86.6 | 164 | 86.8 | 181 | 87.0 | +0.5 | +0.2 |

```
                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
              Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 29:  Child Obesity

Denominator is all active users
                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# 55-64 yr olds        420            437            454
# w/ BMI calculated    254  60.5      269  61.6      281  61.9    +2.3   +0.5
# obese                144  56.7      157  58.4      171  60.9    +7.4   +4.3
# overweight           230  90.6      231  85.9      245  87.2    -3.8   +1.5

# FEMALE 55-64 yr olds 236            237            252
# w/ BMI calculated    149  63.1      149  62.9      163  64.7    +2.5   +2.9
# obese                 85  57.0       88  59.1      101  62.0    +8.8   +4.9
# overweight           134  89.9      131  87.9      143  87.7    -2.4   -0.2

# MALE 55-64 yr olds   184            200            202
# w/ BMI calculated    105  57.1      120  60.0      118  58.4    +2.3   -2.7
# obese                 59  56.2       69  57.5       70  59.3    +5.5   +3.1
# overweight            96  91.4      100  83.3      102  86.4    -5.5   +3.7
```

```
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                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
              Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 29:  Child Obesity

Denominator is all active users
                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# OVER 64 yr olds      310            326            350
# w/ BMI calculated    186  60.0      196  60.1      204  58.3    -2.8   -3.0
# obese                 59  31.7       69  35.2       69  33.8    +6.6   -4.0
# overweight           111  59.7      117  59.7      114  55.9    -6.4   -6.4

# FEMALE OVER 64 yr olds 162          174            187
# w/ BMI calculated     96  59.3      101  58.0      107  57.2    -3.5   -1.4
# obese                 27  28.1       32  31.7       31  29.0    +3.2   -8.5
# overweight            56  58.3       60  59.4       58  54.2    -7.0   -8.8

# MALE OVER 64 yr olds 148            152            163
# w/ BMI calculated     90  60.8       95  62.5       97  59.5    -2.1   -4.8
# obese                 32  35.6       37  38.9       38  39.2   +10.1   +0.8
# overweight            55  61.1       57  60.0       56  57.7    -5.6   -3.8
```

*Figure 5-24: Sample Indicator 29*

## 5.27 Indicator 30: Tobacco Use/ Exposure to Second Hand Smoke

Reduce illness, disability, and death related to tobacco use and exposure to second hand smoke. Reduce are age-specific prevalence rates for the usage of tobacco products and for Smoker in Home.

**Denominator 1**
All Active Patients ages 12-17.

**Denominator 2**
All active patients ages 18-34.

**Denominator 3**
All active patients ages 35-54.

**Denominator 4**
All active patients ages over 54.

For each denominator the following numerators are calculated.

**Numerator 1**
The number of patients who have had tobacco use has been documented ever before the end of the time period. This is determined by finding the last recorded health factor in the TOBACCO category.

**Numerator 2**
The number of patients in the denominator with tobacco use documented who are considered a current tobacco user. This is determined by looking at the last recorded health factor ever and if it is CURRENT SMOKER or CURRENT SMOKELESS then the patient is counted in this numerator.

**Numerator 3**
The number of patients in the denominator with tobacco use documented whose last documented health factor was SMOKER IN HOME.

**Note**: A list of all patients in the denominator and their last documented tobacco health factor is available upon request.

```
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                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
------------------------------------------------------------------------------
Indicator 30: Tobacco Prevention and Cessation
Denominator is all active MALE patients ages 12-17.
```

Reduce illness, disability, and death related to tobacco use and exposure to second hand smoke.

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # Active Users ages 12-17 years | 1,151 | | 1,173 | | 1,226 | | | |
| # w/Tobacco Use Documented | 397 | 34.5 | 352 | 30.0 | 539 | 44.0 | +27.5 | +46.7 |
| # documented current tobacco users | 58 | 5.0 | 36 | 3.1 | 92 | 7.5 | +50.0 | +141.9 |
| # w/Smoker in Home | 7 | 0.6 | 10 | 0.9 | 22 | 1.8 | +200.0 | +100.0 |
| # Active MALE Users ages 12-17 years | 582 | | 582 | | 599 | | | |
| # w/Tobacco Use Documented | 200 | 34.4 | 171 | 29.4 | 270 | 45.1 | +31.1 | +53.4 |
| # documented current tobacco users | 30 | 5.2 | 17 | 2.9 | 38 | 6.3 | +21.2 | +117.2 |
| # w/Smoker in Home | 2 | 0.3 | 4 | 0.7 | 10 | 1.7 | +466.7 | +142.9 |
| # Active FEMALE Users ages 12-17 years | 569 | | 591 | | 627 | | | |
| # w/Tobacco Use Documented | 197 | 34.6 | 181 | 30.6 | 269 | 42.9 | +24.0 | +40.2 |
| # documented current tobacco users | 28 | 4.9 | 19 | 3.2 | 54 | 8.6 | +75.5 | +168.8 |
| # w/Smoker in Home | 5 | 0.9 | 6 | 1.0 | 12 | 1.9 | +111.1 | +90.0 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

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Indicator 30: Tobacco Prevention and Cessation
Denominator is all active patients ages 18-34.
Reduce illness, disability, and death related to tobacco use and exposure to second hand smoke.

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # Active Users | | | | | | | | |

```
  ages 18-34 years   2,347          2,388          2,403

# w/Tobacco Use
   Documented        1,252  53.3    1,254  52.5    1,484  61.8   +15.9  +17.7

# documented current
   tobacco users       567  24.2      554  23.2      640  26.6    +9.9  +14.7

# w/Smoker in Home      3   0.1        5   0.2       18   0.7  +600.0 +250.0

# MALE Active Users
  ages 18-34 years   1,067          1,104          1,109

# w/Tobacco Use
   Documented          546  51.2      557  50.5      657  59.2   +15.6  +17.2

# documented current
   tobacco users       269  25.2      259  23.5      295  26.6    +5.6  +13.2

# w/Smoker in Home      2   0.2        3   0.3       10   0.9  +350.0 +200.0

# FEMALE Active Users
  ages 18-34 years   1,280          1,284          1,294

# w/Tobacco Use
   Documented          706  55.2      697  54.3      827  63.9   +15.8  +17.7

# documented current
   tobacco users       298  23.3      295  23.0      345  26.7   +14.6  +16.1

# w/Smoker in Home      1   0.1        2   0.2        8   0.6  +500.0 +200.0
```

```
LAB                              Mar 25, 2002                        Page 55

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 30: Tobacco Prevention and Cessation
Denominator is all active patients ages 35-54.
Reduce illness, disability, and death related to tobacco use and
exposure to second hand smoke.

                    BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                    PERIOD        PERIOD          PERIOD         BASE PREV YR

# Active Users
  ages 35-54 years   1,858          1,938          2,021

# w/Tobacco Use
   Documented        1,096  59.0    1,124  58.0    1,370  67.8   +14.9  +16.9

# documented current
```

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| tobacco users | 542 | 29.2 | 545 | 28.1 | 617 | 30.5 | +4.5 +8.5 |
| # w/Smoker in Home | 4 | 0.2 | 5 | 0.3 | 16 | 0.8 | +300.0 +166.7 |
| # MALE Active Users ages 35-54 years | 851 | | 876 | | 908 | | |
| # w/Tobacco Use Documented | 470 | 55.2 | 479 | 54.7 | 585 | 64.4 | +16.7 +17.7 |
| # documented current tobacco users | 245 | 28.8 | 248 | 28.3 | 285 | 31.4 | +9.0 +11.0 |
| # w/Smoker in Home | 3 | 0.4 | 3 | 0.3 | 8 | 0.9 | +125.0 +200.0 |
| # FEMALE Active Users ages 35-54 years | 1,007 | | 1,062 | | 1,113 | | |
| # w/Tobacco Use Documented | 626 | 62.2 | 645 | 60.7 | 785 | 70.5 | +13.3 +16.1 |
| # documented current tobacco users | 297 | 29.5 | 297 | 28.0 | 332 | 29.8 | +1.0 +6.4 |
| # w/Smoker in Home | 1 | 0.1 | 2 | 0.2 | 8 | 0.7 | +600.0 +250.0 |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 30: Tobacco Prevention and Cessation
Denominator is all active patients ages Over 54.
Reduce illness, disability, and death related to tobacco use and exposure to second hand smoke.

| | BASE PERIOD | % | PREV YR PERIOD | % | REPORT PERIOD | % | % CHG BASE | % CHG PREV YR |
|---|---|---|---|---|---|---|---|---|
| # Active Users ages Over 54 years | 678 | | 21 | | 750 | | | |
| # w/Tobacco Use Documented | 464 | 68.4 | 479 | 2281.0 | 565 | 75.3 | +10.1 | +3,665 |
| # documented current tobacco users | 154 | 22.7 | 160 | 761.9 | 166 | 22.1 | -2.6 | -97.1 |
| # w/Smoker in Home | 1 | 0.1 | 1 | 4.8 | 8 | 1.1 | +1,000. | -77.1 |
| # MALE Active Users ages Over 54 years | 304 | | 9 | | 346 | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| # w/Tobacco Use Documented | 200 | 65.8 | 207 | 2300.0 | 259 | 74.9 | +13.8 | +3,645 |
| # documented current tobacco users | 74 | 24.3 | 76 | 844.4 | 85 | 24.6 | +1.2 | -97.1 |
| # w/Smoker in Home | 1 | 0.3 | 1 | 11.1 | 4 | 1.2 | +300.0 | -89.2 |
| # FEMALE Active Users ages Over 54 years | 374 | | 12 | | 404 | | | |
| # w/Tobacco Use Documented | 264 | 70.6 | 272 | 2266.7 | 306 | 75.7 | +7.2 | +3,685 |
| # documented current tobacco users | 80 | 21.4 | 84 | 700.0 | 81 | 20.0 | -6.5 | -97.1 |
| # w/Smoker in Home | 0 | 0.0 | 0 | 0.0 | 4 | 1.0 | ** | ** |

*Figure 5-25: Sample Indicator 30*

## 5.28 Indicator A: Mental Health

Determine the proportion of AI/AN persons diagnosed with diabetes and a diagnosis of depressive disorders.

**Denominator**
All patients diagnosed with diabetes (see Indicator #1).

**Numerator 1**
The number of patients in the denominator with a diagnosis of 296.0-313.1 in the year prior to the end of the time period.

> **Note**: A list of all patients in the denominator who had a diagnosis of a depressive disorder is available upon request.

## 5.29 Indicator B: Colorectal Cancer

Increase the proportion of AI/AN persons who have had screening for Colorectal Cancer.

**Denominator**
All active users over age 50.

**Numerator 1**
All patients who have had a Fecal Occult Blood test (using the BGP GPRA FOB TESTS lab taxonomy) in the year prior to the end of the time period. The V LAB file is searched for a Fecal Occult Blood lab test.

**Numerator 2**
All pa1tient who have had a DRE or Rectal Exam documented in the year prior to the end of the time period.

DRE: ICD Procedure code 89.34 or Exam of Rectal Exam

**Numerator 3**
All patient who have had a Sigmoidoscopy and a DRE in the 5 years prior to the end of the time period.

- DRE: ICD Procedure code 89.34 or Exam of Rectal Exam
- Sigmoidoscopy: ICD procedure 45.24
- CPTs; 45330; 45331; 45332; 45333; 45334; 45336; 45337; 45338; 45339; 45341; 45342; 45345

**Numerator 4**
All patients who have had a colonoscopy and a DRE in the 5 years prior to the end of the time period.

- DRE: ICD Procedure code 89.34 or Exam of Rectal Exam
- Colonsocopy: ICD Procedure codes: 45.21, 45.22, 45.23, and 45.25
- CPTs: 45355; 45360; 45361; 45362; 45363; 45364; 45365; 45366; 45367; 45368; 45369; 45370; 45371; 45372; 45378; 45379; 45380; 45382; 45383; 45384; 45385; 45387

**Note**: A list of all patients in the denominator and whether or not they are in any of the above numerators is available upon request.

```
LAB                                Mar 25, 2002                          Page 59

                    ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                  CROW HO
                  Reporting Period: Oct 01, 1999 to Sep 30, 2000
               Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator B:  Reduce the Colorectal Cancer Rate.
Increase the proportion of AI/AN who have had screening and early detection.

Denominator is all active patients over the age of 50.

                     BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                     PERIOD        PERIOD          PERIOD         BASE PREV YR
# patients over 50     908            958           1,028

# w/FOB test
  recorded w/in 1 yr of
  end of time period     1   0.1        0   0.0        0   0.0      **     **

# w/DRE and SIG
```

```
  recorded w/in 5 yrs of
  end of time period    12   1.3       14   1.5       14   1.4    +7.7   -6.7

# w/DRE & Colonoscopy test
  recorded w/in 5 yrs of
  end of time period     1   0.1        1   0.1        2   0.2  +100.0 +100.0
```

```
LAB                                Mar 25, 2002                        Page 60

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
             Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator B:  Reduce the Colorectal Cancer Rate.
Increase the proportion of AI/AN who have had screening and early detection.

Denominator is all MALE active patients over the age of 50.

                    BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                    PERIOD        PERIOD          PERIOD         BASE PREV YR


# MALES over 50        417            433            465

w/FOB test
  recorded w/in 1 yr of
  end of time period     0   0.0        0   0.0        0   0.0      **     **

w/DRE & SIG test
  recorded w/in 5 yr of
  end of time period     5   1.2        7   1.6        7   1.5   +25.0   -6.3

w/DRE & Colonoscopy test
  recorded w/in 5 yr of
  end of time period     0   0.0        0   0.0        1   0.2      **     **
```

```
LAB                                Mar 25, 2002                        Page 61

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
             Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator B:  Reduce the Colorectal Cancer Rate.
Increase the proportion of AI/AN who have had screening and early detection.

Denominator is all FEMALE active patients over the age of 50.

                    BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                    PERIOD        PERIOD          PERIOD         BASE PREV YR
```

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| # FEMALES over 50 | 491 | | 525 | | 563 | | | |
| w/FOB test recorded w/in 1 yr of end of time period | 1 | 0.2 | 0 | 0.0 | 0 | 0.0 | ** | ** |
| w/DRE & SIG test recorded w/in 5 yr of end of time period | 7 | 1.4 | 7 | 1.3 | 7 | 1.2 | -14.3 | -7.7 |
| w/DRE & Colonoscopy test recorded w/in 5 yr of end of time period | 1 | 0.2 | 1 | 0.2 | 1 | 0.2 | +0.0 | +0.0 |

*Figure 5-26: Sample Indicator B*

## 5.30 Indicator C: Diet and Exercise Education

Increase the quality, availability, and effectiveness of educational services designed to prevent disease and improve the health and quality of life. Increase the proportion of persons who are provided patient education on diet and exercise.

**Denominator**
All active users

**Numerator**
All patients provided education as defined in the BGP GPRA EX EDUC TOPICS education taxonomy.

Taxonomy Members: OBS-EX, OBS-LA, OBS-N, OBS-DIET, TO-EX, WL-EX, WL-LA, WL-N, WL-DIET and any other topics entered into the taxonomy by the local site.

Data is presented by age and sex. The following age groups are used:

0-9 ; 10-19 ; 20-24 ; 25-34 ; 35-44 ; 45-54 ; 55-64 ; over 64

**Note**: A list of all patients in the denominator who did not receive any diet and exercise education is available upon request.

```
LAB                              Mar 25, 2002                          Page 62

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                 CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
              Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------

Indicator C:  Increase the quality, availability, and effectiveness of
educational services designed to prevent disease and improve the health and
quality of life.
```

```
Increase the proportion of persons who are provided patient education
on diet and exercise.

Provision of Diet and Exercise Education

                    BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                    PERIOD        PERIOD          PERIOD        BASE PREV YR
# active users       8,777          8,953          9,117
# w/ Education provided w/in 1 yr of
end of time period      95   1.1       88   1.0       48   0.5   -54.5  -50.0


# FEMALE active users 4,677         4,765          4,852
# w/ Education provided w/in 1 yr of
end of time period      58   1.2       44   0.9       25   0.5   -58.3  -44.4


# MALE active users  4,100          4,188          4,265
# w/ Education provided w/in 1 yr of
end of time period      37   0.9       44   1.1       23   0.5   -44.4  -54.5
```

```
LAB                                Mar 25, 2002                        Page 63

                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                     Reporting Period: Oct 01, 1999 to Sep 30, 2000
                  Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                     Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Age specific Exercise Education Provided

                               TOTAL ACTIVE USERS

                                        Age Distribution
                      0-9  10-19  20-24  25-34  35-44  45-54  55-64  >64 yrs

CURRENT REPORTING PERIOD
Total # active users 2,019  2,109   834  1,254  1,233    864    454    350
# w/Education           2     14     2      8      6     10      4      2
% w/Education         1.7    1.9    5.5   13.1   25.3   55.3   85.5   94.9

PREVIOUS YEAR PERIOD
Total # active users 2,043  2,059   824  1,245  1,199    820    437    326

# w/Education          12     14     3     11     21     12     11      4
% w/Education         1.5    2.4    3.9   13.0   25.2   54.4   82.8  100.0

BASELINE REPORTING PERIOD
Total # active users 2,107  1,954   807  1,244  1,144    791    420    310
# w/Education           8     24     9     18     13     13      8      2
% w/Education         1.3    1.5    5.7   10.5   24.0   54.6   77.1  101.3

% Change from prev yr +13.3  -20.8 +41.0   +0.8   +0.4   +1.7   +3.3   -5.1

% Change from base yr +30.8  +26.7  -3.5  +24.8   +5.4   +1.3  +10.9   -6.3
```

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Age specific Exercise Education Provided

FEMALE ACTIVE USERS

| | Age Distribution | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 0-9 | 10-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | >64 yrs |
| CURRENT REPORTING PERIOD | | | | | | | | |
| # FEMALE active users | 1,042 | 1,101 | 430 | 693 | 679 | 468 | 252 | 187 |
| # w/Education | 1 | 7 | 2 | 5 | 4 | 3 | 3 | 0 |
| % w/Education | 0.1 | 0.6 | 0.5 | 0.7 | 0.6 | 0.6 | 1.2 | 0.0 |
| PREVIOUS YEAR PERIOD | | | | | | | | |
| # FEMALE active users | 1,054 | 1,067 | 421 | 697 | 661 | 454 | 237 | 174 |
| # w/Education | 5 | 6 | 2 | 5 | 12 | 7 | 5 | 2 |
| % w/Education | 0.5 | 0.6 | 0.5 | 0.7 | 1.8 | 1.5 | 2.1 | 1.1 |
| BASELINE REPORTING PERIOD | | | | | | | | |
| # FEMALE active users | 1,098 | 1,013 | 409 | 704 | 621 | 434 | 236 | 162 |
| # w/Education | 4 | 12 | 6 | 13 | 8 | 9 | 5 | 1 |
| % w/Education | 0.4 | 1.2 | 1.5 | 1.8 | 1.3 | 2.1 | 2.1 | 0.6 |
| % Change from prev yr | -80.0 | +0.0 | +0.0 | +0.0 | -66.7 | -60.0 | -42.9 | ** |
| % Change from base yr | -75.0 | -50.0 | -66.7 | -61.1 | -53.8 | -71.4 | -42.9 | ** |

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*** IHS GPRA PERFORMANCE INDICATORS ***
CROW HO
Reporting Period: Oct 01, 1999 to Sep 30, 2000
Previous Year Period: Oct 01, 1998 to Sep 30, 1999
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Age specific Exercise Education Provided

MALE ACTIVE USERS

| | Age Distribution | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 0-9 | 10-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | >64 yrs |
| CURRENT REPORTING PERIOD | | | | | | | | |
| # MALE active users | 977 | 1,008 | 404 | 561 | 554 | 396 | 202 | 163 |
| # w/Education | 1 | 7 | 0 | 3 | 2 | 7 | 1 | 2 |
| % w/Education | 0.1 | 0.7 | 0.0 | 0.5 | 0.4 | 1.8 | 0.5 | 1.2 |

```
PREVIOUS YEAR PERIOD
# MALE active users   989    992    403    548    538    366    200    152
# w/Education          7      8      1      6      9      5      6      2
% w/Education        0.7    0.8    0.2    1.1    1.7    1.4    3.0    1.3

BASELINE REPORTING PERIOD
# MALE active users 1,009    941    398    540    523    357    184    148
# w/Education          4     12      3      5      5      4      3      1
% w/Education        0.4    1.3    0.8    0.9    1.0    1.1    1.6    0.7

% Change from prev yr  -85.7  -12.5   **  -54.5  -76.5  +28.6  -83.3   -7.7

% Change from base yr  -75.0  -46.2   **  -44.4  -60.0  +63.6  -68.8  +71.4
```

*Figure 5-27: Sample Indicator C*

## 5.31 Indicator D: Diabetic Eye Exams

Evaluate the proportion of diabetic patients who have received a yearly eye exam.

**Denominator**
All active diabetic patients (see Indicator #1)

**Numerator**
All patients in the denominator who had a diabetic eye exam done in the year prior to the end of the time period.

Diabetic Eye Exam is determined in the following manner:

- Diabetic Eye Exam documented in V EXAM (code 03)
- CPT Code 92250 or 92012 documented in V CPT.
- A non-DNKA, non-Refraction visit to an optometrist or opthamologist (codes 24, 79, 08).
- A non-DNKA, non-Refraction visit to an eye clinic (clinic codes 17, 18, 64)

A list of all patients in the denominator and an indication of whether or not they had an eye exam is available upon request.

```
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                  ***  IHS GPRA PERFORMANCE INDICATORS  ***
                                CROW HO
                Reporting Period: Oct 01, 1999 to Sep 30, 2000
              Previous Year Period:  Oct 01, 1998 to Sep 30, 1999
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator D: Diabetic Eye Exams
Denominator is all active patients diagnosed with Diabetes.
                    BASE      %   PREV YR    %    REPORT    %   % CHG % CHG
                    PERIOD        PERIOD          PERIOD         BASE PREV YR
# diagnosed w/diabetes  1,576       1,702          1,792

# w/Diabetic Eye Exam
```

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| recorded w/in 1 yr of end of time period | 387 | 24.6 | 352 | 20.7 | 358 | 20.0 | -18.7 | -3.4 |

*Figure 5-28: Sample Indicator D*

# 6.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

**Phone**: (505) 248-4371 or
(888) 830-7280

**Fax**: (505) 248-4199

**Web**: http://www.rpms.ihs.gov/TechSupp.asp

**Email**: RPMSHelp@mail.ihs.gov